

## (1) PLACE OF BIRTH

County of Orange  
 Township of Orange  
 or  
 Inc. Town of Henry  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only

4763

Registration District No. 3.0.4Registered No. 27  
(For use of Local Registrar)

City of ..... (No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Edith Lella Graham

If child is not yet named, make supplemental report as directed

(3) SEX — MALE (4) Twin or Triplet ..... (5) Number in order of birth 4 (6) Are Parents Married yes (7) DATE OF BIRTH Feb 12 1923  
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Charley Graham(9) PRESENT POSTOFFICE OF FATHER Henry(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Year)(12) BIRTHPLACE Orange(13) OCCUPATION Cotton Mill.(14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Correllia Harvey(15) PRESENT POSTOFFICE OF MOTHER Henry(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Year)(18) BIRTHPLACE Orange(19) OCCUPATION wife(20) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive at 5:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) J. W. Shively

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Orange Co.

(Given name added from a supplemental report)

(25) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed 2 1923 (27) Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.