

Form No. 1

(1) PLACE OF BIRTH

County of Oree

Township of

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42978

Registration District No. 25 25

Registered No.

(For use of Local Registrar)

(2) Full Name of Child Joe Graham

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 14 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe. Graham Adopted(9) PRESENT POSTOFFICE OF FATHER Awendaw S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32
(Years)(12) BIRTHPLACE Oree County S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Katie White Adopted(15) PRESENT POSTOFFICE OF MOTHER Awendaw S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE Awendaw S.C.(19) OCCUPATION House Keeper(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Skipper(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Galivans Ferry

Given name added from a supplemental report

(26) Witness Joe. Graham
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 23 1922 (28) J. L. Kinsey Local Registrar19
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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.