

(1) PLACE OF BIRTH

County of FlorenceTownship of Timmonsor
Inc. Town of

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

4176

Registration District No. 2015Registered No. 22
(For use of Local Registrar)

(2) Full Name of Child

Char May Graham

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

(3) SEX OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Melvin Graham

(9) PRESENT POSTOFFICE OF FATHER

Timmonsville S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

29

(12) BIRTHPLACE

Lake City S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

1

MOTHER

(14) NAME BEFORE MARRIAGE

Ellen Johnson

(15) PRESENT POSTOFFICE OF MOTHER

Timmonsville S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

28

(18) BIRTHPLACE

Timmonsville S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 3:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 13, 19

(28)

R. A. Nelson
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.

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