

(1) PLACE OF BIRTH

County of Cherokee

Township of

Inc. Town of

City of Jefferson

(If birth occurred 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

Registration District No. 10 A

No. for State Registrar only

621

Registered No. 10

(For use of Local Registrar)

(2) Full Name of Child Mary Graham Marsh(1) SEX OF CHILD Girl(2) TYPE OF TWIN To be answered only in case of Twins or Triplets

(3) NUMBER IN ORDER OF BIRTH

(4) ARE PARENTS MARRIED Yes(5) DATE OF BIRTH Jan 4 1923(6) MONTH OF BIRTH Jan(7) DAY OF BIRTH 4(8) YEAR OF BIRTH 1923(9) COLOR OR RACE White(10) BIRTHPLACE Rocking Ga(11) OCCUPATION Telegraph operator(12) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH One(13) NAME BEFORE MARRIAGE Mildred Laura Graham(14) PRESENT POSTOFFICE OF MOTHER Thickety - SC(15) COLOR OR RACE White(16) BIRTHPLACE Cherokee Ga(17) OCCUPATION House work(18) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(19) I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) (Bear A. M. or P. M.)(20) (Signature) S. B. S. S. S.(21) State whether Physician or Midwife Physician(22) Address of Physician or Midwife Jefferson

Given name added from a supplemental report

(23) Witness

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

(24) Filed Feb 10 1923(25) W. F. Small

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.