

(1) PLACE OF BIRTH

County of Henry
 Township of Green Sea
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

15336

Registration District No. 2526 Registered No. 37
 (For use of Local Registrar)

(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 Cecie Chestnut ~~Brother~~ ^{not yet named, make supplemental report as directed}

3 BOY OR GIRL <u>Boy</u>	4 Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	5 Number in order of birth	6 Are Parents Married? <u>yes</u>	7 DATE OF BIRTH <u>May 2 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8 FULL NAME <u>Memory C. Graham</u>			14 NAME BEFORE MARRIAGE <u>Columbia Chestnut</u>	
9 PRESENT POSTOFFICE OF FATHER <u>Rock Hill S.C.</u>			15 PRESENT POSTOFFICE OF MOTHER <u>Rock Hill S.C.</u>	
10 COLOR OR RACE <u>white</u>	11 AGE AT LAST BIRTHDAY <u>63</u> (Years)	16 COLOR OR RACE <u>white</u>	17 AGE AT LAST BIRTHDAY <u>44</u> (Years)	
12 BIRTHPLACE <u>Henry Co. S.C.</u>			18 BIRTHPLACE <u>Henry Co. S.C.</u>	
13 OCCUPATION <u>Farmer</u>			19 OCCUPATION <u>House wife</u>	
20 Number of children born to mother, including present birth <u>8</u>			21 Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Edmund

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Labor R. H.

Given name added from a supplemental report

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

(27) Filed May 3 1922 (28) E. K. Buffum 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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