

(1) PLACE OF BIRTH

County of Harrell
 Township of Lake
 or
 Inc. Town of
 or
 City of Harrell (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

22161

Registration District No. 2009

Registered No. 68
 (For use of Local Registrar)

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

(2) Full Name of Child

Harold Myers Graham

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 7, 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Harold Myers Graham

(9) PRESENT POSTOFFICE OF FATHER Clinton SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE SC Florence Co.

(13) OCCUPATION Practicing Medicine

(20) Number of children born to mother, including present birth 7

MOTHER.
 (14) NAME BEFORE MARRIAGE Louise Jeffords

(15) PRESENT POSTOFFICE OF MOTHER Clinton SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE SC Florence Co.

(19) OCCUPATION House Wife

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. C. Gootie (24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Lake City SC

Given name added from a supplemental report

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

(27) Filed 6-28 1922 (28) R. B. Leary 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.