

**CERTIFICATE OF BIRTH**  
**STATE OF SOUTH CAROLINA.**  
Bureau of Vital Statistics  
State Board of Health

File No. For State Registrar Only  
43239

Township of Buffalo .....  
or  
Inc. Town of ..... Registration District No. 25-00 Registered No. 107  
or  
City of ..... (For use of Local Authorities)  
(If birth occurs in a hospital, or other institution, give name of same instead of street and number.)

(2) Full Name of Child Samy Graham If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>11/1/33</i> (Place of Birth) <i>Ill</i>
-----------------------------	--------------------------------	---------------------------------------	-------------------------------------	---

(9) FULL NAME Patricia A. Thompson

(c) PRESENT POSTOFFICE OF FATHER Burlington & Co. (d) PRESENT POSTOFFICE OF MOTHER Barnard & Co.

(10) COLOR OR RACE	white	(11) AGE AT LAST BIRTHDAY	29	(12) OR RACE	white	(13) BIRTHDAY		(14) (Years)	
			(Years)						

(12) BIRTHPLACE Barry Co

(13) OCCUPATION Housewife

(20) Number of children born to mother, including present birth ..... 3

(21) Number of children of this mother now living, including present birth ..... 3

(22) I hereby certify that I attended the birth of this child, who was born alive at ..... ..... .....  
 on the date above stated. (Born alive or stillborn) ..... ..... .....

(22) (Signature) .....  
(23) State whether Physician or Midwife (24) Address of Physician or Midwife  
B. J. A. 34 1011 1st St. Allsbrook & Co.

Given name added from a supplemental report.

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by parent.)

(7) Billings  
APR 30 1968

of Col.

When there was no attending physician or midwife, then the father, householder, etc., should make the report. A child born dead, or one that must not be reported as stillborn. No report is desired at stillbirth before the fifth month of pregnancy.