

Form No. 1

(1) PLACE OF BIRTH

County of GreenvilleTownship of 7or
Inc. Town ofor
City of

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

(2) Full Name of Child

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 20, 1929</u>
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FATHER.

(8) FULL NAME Andrew J. McGraw

(9) PRESENT POSTOFFICE OF FATHER # 37 Union St. Duncan Mills

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (Years)

(12) BIRTHPLACE Cherokee Co.

(13) OCCUPATION Textile Work

(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Ira Lma Webb

(15) PRESENT POSTOFFICE OF MOTHER # 9

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Cherokee Co.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 3:50 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Wallace

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife 1089 W. Coffee

Given name added from a supplemental report

191....

Registrar

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

(27) Filed June 2 6 191.... (28) A. J. Macfarlane 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.

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

File No. — For State Registrar Only

19297

Registration District No. 2-209 Registered No. 9
(For use of Local Registrar)

NOTE: IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.