

County of Wayne
Township of Wake

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

File No.—For State Registrar Only
18619

Registration District No. 2009 Registered No. 40
(For use of Local Registrar)

(No. _____ St.; _____ Ward)
If born in a hospital or other institution, give name of same instead of street and number.

Full Name of Child Ellen Mae Graham { If child is not yet named, make supplemental report as directed

(1) Twin or Triplet? No (2) Number in order of birth 1 (3) Are Parents Married? Yes (4) DATE OF BIRTH Jan 3 1922
(Name of Month) (Day) (Year)

FATHER.
Name John M. Graham
Age at last birthday 35 (Years)
Color or Race White
Birthplace Williamsburg Va
Occupation Farmer
Number of children of this father now living, including present birth 5

MOTHER.
(14) NAME BEFORE MARRIAGE Ellen M. Knight
(15) PRESENT POSTOFFICE OF MOTHER Wake City Va
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)
(18) BIRTHPLACE Williamsburg Va
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 6 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) M. L. Whitney M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Wake City Va

Given name added from a supplemental report
181
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 1/11/22 (28) R. L. Carter 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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