

Form No. 1

(1) PLACE OF BIRTH

County of FairfieldTownship of 13or
Inc. Town ofor
City of(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 Robert Lee McGraw If child is not yet named, make supplemental report as directed(3) BOY OR GIRL ☒ (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 12, 1922
(Name of Month) (Day) (Year)

FATHER			MOTHER		
(8) FULL NAME	<u>Gate McGraw</u>		(14) NAME BEFORE MARRIAGE	<u>Carrie Rabb</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Strother S C</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Strother S C</u>	
(10) COLOR OR RACE	<u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE	<u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE	<u>Fairfield Co</u>		(18) BIRTHPLACE	<u>Fairfield Co</u>	
(13) OCCUPATION	<u>Farm hand</u>		(19) OCCUPATION	<u>house/keeper</u>	
(20) Number of children born to mother, including present birth	<u>3</u>		(21) Number of children of this mother now living, including present birth	<u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna Lyles(24) State whether Physician or Midwife X(25) Address of Physician or Midwife Strother S C

Given name added from a supplemental report

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

(27) Filed Sept 20, 1922 (28) W E De Zilver 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.

N. B.—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.

MOBAY OF COLUMBIA, COLUMBIA, S. C.