

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

File No.—For State Registrar Only
35740

(1) PLACE OF BIRTH
County Newberry
Township of 11
or
Inc. Town of 11
or
City of 11

Registration District No. 3408 Registered No. 60
(For use of Local Registrar)

(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 Johnis (Graham) M. If child is not yet named, make supplemental report as directed

(3) SEX OR GISEL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>10/13/22</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Marvin Graham</u>			(14) NAME BEFORE MARRIAGE <u>Minnie Berly</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Pomaria S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Pomaria S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>30</u>	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Pomaria S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>26</u>		
(13) OCCUPATION <u>Farmer</u>			(18) BIRTHPLACE <u>Newberry Co.</u>	
(19) OCCUPATION <u>Domestic</u>			(20) 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 4 a.m. on the date above stated.
(Born alive or stillborn) (Hour A. M.)

(23) (Signature) J. S. Sumner
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Pomaria S.C.

Given name added from a supplemental report
L. R. R. & M. R.
7/16/23
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
R. J. Johnson
(27) Filed 10/14/22 at 10:22 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.