

(1) PLACE OF BIRTH

County of LaurensTownship of Meridianor
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 Isaac Graham

File No. — For State Registrar Only

14461

Registration District No. 1409Registered No. 120
(For use of Local Registrar)(3) BOY OR GIRL boy (4) Twin or Triplet? X (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 15 1922
(Name of Month) (Day) (Year)FATHER. (8) FULL NAME Richard Graham(9) PRESENT POSTOFFICE OF FATHER Wachutan S.C.(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Strut labor(22) Number of children born to mother, including present birth 1 2MOTHER. (14) NAME BEFORE MARRIAGE Florence Jones(15) PRESENT POSTOFFICE OF MOTHER 11(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Honor Refuse(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 49 M.,
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) J. H. Turner M.D.(24) State whether Physician or Midwife Physician Address of Physician or Midwife Wachutan S.C.

Given name added from a supplemental report

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

(27) Filed Jan 10 1922 (28) J. H. Turner 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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