

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.
RECEIVED BY COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Florence
Township of Laurens
OR
Inc. Town of.....
OR
City of.....

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

File No.—For State Registrar Only
18628

Registration District No. 2007 Registered No. 49
(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 James Preston Graham If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Parents Married? Yes (7) DATE OF BIRTH June 17 22
(Month) (Day) (Year)

FATHER.

(8) FULL NAME James A. Graham
(9) PRESENT POSTOFFICE OF FATHER Laurens City S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28
(Year) (12) BIRTHPLACE Millersburg Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Godwin
(15) PRESENT POSTOFFICE OF MOTHER Laurens City S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18
(Year) (18) BIRTHPLACE Millersburg Co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 9:42 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. L. Whitfield
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Laurens City 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 6/26 22 (28) M. L. Whitfield 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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