

Form No. 1

(1) PLACE OF BIRTH

County of Willamette
 Township of Sumter
 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

9473

Registration District No. 4570Registered No. 6
(For use of Local Registrar)

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

(2) Full Name of Child Harry Graham

If child is not yet named, make
 supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? _____ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH March 3, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Graham
 (9) PRESENT POSTOFFICE OF FATHER Lake City S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25
 (Year) _____
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth ()

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Burgess
 (15) PRESENT POSTOFFICE OF MOTHER Lake City
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20
 (Year) _____
 (18) BIRTHPLACE _____
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth ()

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Adeline Wilson
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Baden S.C.

Given name added from a supplement-
 tal report

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

(27) Filed March 5, 1922 by Mrs. W. A. Stith
 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.

WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.
 DEPARTMENT OF COMMERCE, BUREAU OF VITAL STATISTICS, U. S. GOVERNMENT PRINTING OFFICE, WASHINGTON, D. C.