

WRITE 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.

Medals of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of HarryTownship of Gullwater

OF

Inc. Town of

OF

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Sept. 20, 1922

(Month) (Day) (Year)

FATHER.

(8) FULL NAME

Curtis Graham

(9) PRESENT POSTOFFICE OF FATHER

Aynor, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

33

(12) BIRTHPLACE

Harry County

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Hannie Lizzie Skiffe

(15) PRESENT POSTOFFICE OF MOTHER

Aynor, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

31

(18) BIRTHPLACE

Harry County

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

4

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Hour A. M. or P. M.)

(23) (Signature)

Dr. J. M. Graham

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Place

Dr. J. M. Graham

(28) 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.