

(1) PLACE OF BIRTH

County of Marion
 Township of Irishville
 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
31240

Registration District No. 3 Registered No. 143
 (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 Graham, L. Henry

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

3. BOY OR GIRL <u>Boy</u>	4. Twin or Triplet? <u>No</u>	5. Number in order of birth <u>1</u>	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>Feb 20 1922</u> (Name of Month) (Day) (Year)
FATHER.				MOTHER.
8. FULL NAME <u>L. Henry Graham</u>				14. NAME BEFORE MARRIAGE <u>John Graham</u>
9. PRESENT POSTOFFICE OF FATHER <u>Irishville, Marion Co., S.C.</u>				15. PRESENT POSTOFFICE OF MOTHER <u>Irishville, Marion Co., S.C.</u>
10. COLOR OR RACE <u>Col</u>	11. AGE AT LAST BIRTHDAY <u>7</u> (Years)		16. COLOR OR RACE <u>Col</u>	17. AGE AT LAST BIRTHDAY <u>22</u> (Years)
12. BIRTHPLACE <u>S.C.</u>		18. BIRTHPLACE <u>S.C.</u>		
13. OCCUPATION <u>Housewife</u>				19. OCCUPATION <u>Housewife</u>
20. Number of children born to mother, including present birth <u>3</u>				21. 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 born alive or stillborn at 2 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Francis H. Hargrave
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Irishville, Marion Co., 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 Feb 20 1922 (28) Local Registrar

If 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.

RECORD OF CHILDREN BORN IN THIS STATE IN 1922. THIS IS A PERMANENT RECORD. 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.