

(1) PLACE OF BIRTH

County of PrattTownship of East Creekor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4728

Registration District No.

Registered No. 25
(For use of Local Registrar)

(2) Full Name of Child

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> To be answered only in case of Twins or Triplets	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Jan 16 1922</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME And J. Graham9) PRESENT POSTOFFICE OF FATHER Sumter10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36
(Year)12) BIRTHPLACE SC13) OCCUPATION attorney20) Number of children born to mother, including present birth 3

MOTHER.

14) NAME BEFORE MARRIAGE Blakes Morgan15) PRESENT POSTOFFICE OF MOTHER Sumter16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32
(Year)18) BIRTHPLACE SC19) OCCUPATION domestic(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Male at 1 P. M.
on the date above stated. (Born alive or stillborn. (Hour, M. or P. M.))(23) (Signature) H. B. Turner M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Sumter

Given name added from a supplemental report

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

(27) Filed Feb 19 1922 (28) H. B. 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.