

Form No. 10.

MARGIN RESERVED FOR BINDING.

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.

Cav. of Columbia

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Williamsburg</u>		STATE OF SOUTH CAROLINA.		50725	
Township of <u>Bridge</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>4309</u>		Registered No. <u>41</u>	
or				(For use of Local Registrar)	
City of		(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 <u>Lorise Graham</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Feb. 20 1916</u>	
To be answered only in case of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>Doug Graham</u>			(14) NAME BEFORE MARRIAGE <u>Eate Jones</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Cades S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cades S.C.</u>		
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>negro</u> (17) AGE AT LAST BIRTHDAY <u>22</u> (Years)			
(12) BIRTHPLACE <u>Williamsburg</u>			(18) BIRTHPLACE <u>Williamsburg Co</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</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 <u>born alive</u> at <u>Cades S.C.</u> (Hour A. M. or P. M.) <u>10:15</u> on the date above stated.					
(23) (Signature) <u>Lorise Graham</u>					
(24) State whether Physician or Midwife <u>mid wife</u> (25) Address of Physician or Midwife <u>Cades S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
191.....			(27) Filed <u>Mar 1 1916</u> (28) <u>W. F. S. J. J.</u> Local Registrar		
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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