

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.
McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Florence
Township of Lake City
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
72687

Registration District No. 20-12 Registered No. 06
(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 Alexander Graham { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 23, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME David Graham
(9) PRESENT POSTOFFICE OF FATHER Lake City S.C.
(10) COLOR OR RACE Dark (11) AGE AT LAST BIRTHDAY 28
(12) BIRTHPLACE Williamsburg Co.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth { 4

MOTHER.
(14) NAME BEFORE MARRIAGE Lillian Myers
(15) PRESENT POSTOFFICE OF MOTHER Lake City S.C.
(16) COLOR OR RACE Dark (17) AGE AT LAST BIRTHDAY 34
(18) BIRTHPLACE Williamsburg Co.
(19) OCCUPATION Unknown
(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 alive at 5 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Pat. Hamer

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lake City S.C.

Given name added from a supplemental report
..... 191.....
.....
Registrar

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

(27) Filed Sept. 4, 1916 (28) C. D. Collins 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.