

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 STATE OF SOUTH CAROLINA.
Township of Lake City Bureau of Vital Statistics
Inc. Town of Registration District No. 20-12 Registered No. 676
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 Almeron Graham { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth To be answered only in event of Twins or Triplets	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June, 23, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>David Graham</u>			(14) NAME BEFORE MARRIAGE <u>Ellar Myers</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lake City S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lake City S.C.</u>	
(10) COLOR OR RACE <u>Dark</u>		(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>Dark</u>	
(12) BIRTHPLACE <u>Williamsburg Co.</u>		(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)		
(13) OCCUPATION <u>Farming</u>			(18) BIRTHPLACE <u>Williamsburg Co.</u>	
(19) OCCUPATION <u>Unknown</u>			(20) Number of children of this mother now living, including present birth { ... <u>4</u> ...	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Pat. Haner

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