

M. 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.
 MAGAY OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Wm. burg
 Township of King
 or
 Inc. Town of King
 or
 City of _____

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
20451

Registration District No. 4202 Registered No. H.H.
 (For use of Local Registrar)

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

(2) Full Name of Child Pearl Ann Graham If child is not yet named, make supplemental report as directed

| | | | | |
|-----------------------------|---|------------------------------------|-------------------------------------|---|
| (3) BOY OR GIRL <u>girl</u> | (4) Twin or Triplet? _____ To be answered only in event of Twins or Triplets | (5) Number in order of birth _____ | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH: <u>June 10, 1922</u> (Name of Month) (Day) (Year) |
|-----------------------------|---|------------------------------------|-------------------------------------|---|

FATHER.

(8) FULL NAME Jamael Graham
 (9) PRESENT POSTOFFICE OF FATHER Kingstree S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 41 (Years)
 (12) BIRTHPLACE Wm. burg Co. S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Cooper
 (15) PRESENT POSTOFFICE OF MOTHER Kingstree S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Wm. burg Co. S.C.
 (19) OCCUPATION Home keeper

(20) Number of children born to mother, including present birth 1 2

(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6.30 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Annie Mitchell
 (24) State whether, Physician or Midwife midwife (25) Address of Physician or Midwife Kingstree S.C.

Given name added from a supplemental report

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

19 _____ Registrar

(27) Filed June 19, 1922 (28) B. E. Blasken
 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.