

CERTIFICATE OF BIRTH

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

28373

Timmons
at **TIMMONSVILLE, S. C.**
City of **TIMMONSVILLE, S. C.**
Town of **TIMMONSVILLE, S. C.**

Registration District No. **201d** Registered No. **63**
(For use of Local Registrar)

(If birth occurs in a hospital or institution give name of same instead of street and number.)
Full Name of Child **Escher Graham**

Sex Girl	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married Yes	(7) DATE OF BIRTH Sept 25 23 (Name of Month) (Day) (Year)
FATHER McCook Graham TIMMONSVILLE, S. C.			MOTHER Ellen Johnson TIMMONSVILLE, S. C.	
Race Negro			(11) AGE AT LAST BIRTHDAY 32 (Year)	(12) COLOR OR RACE Negro
BIRTHPLACE Tennessee			(13) BIRTHPLACE NC	(17) AGE AT LAST BIRTHDAY 30 (Year)
OCCUPATION Farmer			(15) OCCUPATION Housewife	(21) Number of children of this mother now living, including present birth
Number of children born to mother, including present birth				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Alive** at **1 P.** on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) **Monie Daniels**
(23) State whether Physician or Midwife
(24) Address of Physician or Midwife **TIMMONSVILLE, S. C.**

Name added from a supplemental report

(25) Witness **W. H. Neeson**
(Signature of Witness necessary only when question 22 is signed by mark)

(26) Date **Sept 26 1923** (27) Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this statement. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn children before the fifth month of pregnancy.