

## (1) PLACE OF BIRTH

County of Chester S.C.  
 Township of Chester S.C.  
 or  
 Inc. Town of .....  
 or  
 City of Chester S.C.

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41538

Registration District No. 11A Registered No. 131.....  
 (For use of Local Registrar)

(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 Label Graham If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 29 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wadie Graham  
 (9) PRESENT POSTOFFICE OF FATHER Chester S.C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22 (Years)  
 (12) BIRTHPLACE Chester S.C.  
 (13) OCCUPATION Boatman  
 (20) Number of children born to mother, including present birth 1st

## MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Blom  
 (15) PRESENT POSTOFFICE OF MOTHER Chester S.C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 17 (Years)  
 (18) BIRTHPLACE Chester S.C.  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was.... alive.... at.... 4.... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. G. Walls

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Chester S.C.

Given name added from a supplemental report

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

(27) Filed 12-30 1922 (28) J. H. M. Davis 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.

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