

(1) PLACE OF BIRTH

County of Sumter
 Township of Providence
 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

91997

Registration District No. 4105 Registered No.
 (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 Bertrude 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 17, 1916
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur Graham
 (9) PRESENT POSTOFFICE OF FATHER Providence S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Katie Frierson
 (15) PRESENT POSTOFFICE OF MOTHER Providence S.C.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 17
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alice at 11-P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sallie Mark Grant

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

Given name added from a supplemental report

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

(27) Filed Dec-20-1916 (28) B. McLaughlin
 Registrar 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.