

See vol. 150-82803-1916

(1) PLACE OF BIRTH

County of Newberry
Township of No. 3
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

86732

Registration District No. 3445 Registered No. 50
(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 Olin Everett Graham

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 15, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Olin Graham Graham

MOTHER.
(14) NAME BEFORE MARRIAGE Annis Maud Ringer

(9) PRESENT POSTOFFICE OF FATHER Blair SC

(15) PRESENT POSTOFFICE OF MOTHER Blair SC

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22
(Years)

(12) BIRTHPLACE SC. Newberry Co.

(18) BIRTHPLACE SC

(13) OCCUPATION Farming

(19) OCCUPATION Housewife

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) E H Moore (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Newberry SC

Given name added from a supplemental report

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

(27) Filed Nov 9 1916 (28) A H Maybin 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.

MARGIN RESERVED FOR BINDING. WHITE 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.

K O D A K S . A F