

(1) PLACE OF BIRTH

County of *Horry*
 Township of *Slaysda*
 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

11601

Registration District No. *2508*Registered No. *41*

(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

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

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triple? <i>To be answered only in event of Twin or Triplets</i>	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Feb 26 1922</i> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <i>Mr Herbert Graham</i>			(14) NAME BEFORE MARRIAGE <i>Miss Jane Strickland</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Nichols, S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Nichols, S.C.</i>	
(10) COLOR OR RACE <i>white</i>	(11) AGE AT LAST BIRTHDAY <i>25</i> (Years)	(16) COLOR OR RACE <i>white</i>	(17) AGE AT LAST BIRTHDAY <i>21</i> (Years)	
(12) BIRTHPLACE <i>Horry Co S.C.</i>		(18) BIRTHPLACE <i>Horry Co S.C.</i>		
(13) OCCUPATION <i>Fanner</i>		(19) OCCUPATION <i>House wife</i>		
(20) Number of children born to mother, including present birth <i>2</i>		(21) Number of children of this mother now living, including present birth <i>2</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *140* M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(28) Local Registrar

When there was no attending physician or midwife, then the father, household head, or grandparent 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.