

MAKE SURE YOU HAVE A REGISTERED ADDRESS
 YOUR PLACE, WITH ADDRESS, MUST BE A PERMANENT ADDRESS
 IF YOU ARE A GIRL OR BOY, YOU MUST HAVE YOUR BIRTH CERTIFICATE
 FIRST, BEFORE YOU CAN GET YOUR MARRIAGE LICENSE, IN QUESTION 1
 FIRST, BEFORE YOU CAN GET YOUR MARRIAGE LICENSE, IN QUESTION 1
 MAKE SURE YOU HAVE A REGISTERED ADDRESS

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">877</div>	
County of <u>Clarendon</u>		Towndship of <u>Plowden's Mill</u>		Registration District No. <u>1314</u>	
or Inc. Town of		or City of		Registered No. (For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number)		(No. St.; Ward)			
(2) Full Name of Child <u>Paul Graham</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twin or Triplet</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 1 1922</u> (Specify Month) (Day) (Year)	
FATHER.			MOTHER.		
(9) FULL NAME <u>Jennie Graham</u>			(10) NAME BEFORE MARRIAGE <u>Rosie Nelson</u>		
(11) PRESENT POSTOFFICE OF FATHER <u>Alcola, S.C.</u>			(12) PRESENT POSTOFFICE OF MOTHER <u>Alcola, S.C.</u>		
(13) COLOR OR RACE <u>Negro</u>			(14) AGE AT LAST BIRTHDAY <u>29</u> (Year)		
(15) BIRTHPLACE <u>Florence Co., S.C.</u>			(16) BIRTHPLACE <u>Clarendon Co., S.C.</u>		
(17) OCCUPATION <u>Saw-mill hand</u>			(18) OCCUPATION <u>Housewife</u>		
(19) Number of children born to mother, including present birth <u>1 3</u>			(20) Number of children of this mother now living, including present birth <u>1 3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. (21) I hereby certify that I attended the birth of this child, who was <u>born alive or stillborn</u> at <u>Alcola, S.C.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(22) (Signature)		(23) State whether Physician or Midwife		(24) Address of Physician or Midwife	
Given name added from a supplemental report		(25) Witness <u>Jennie Graham</u> (Signature of Witness necessary only when question 22 is signed by mark)			
		(26) Filed <u>Jan 4 1922</u> (27) <u>R. E. Thompson</u> 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.