

Form No. 1

(1) PLACE OF BIRTH

County of FlournoyTownship of Lake Townshipor
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2009

File No.—For State Registrar Only

92502

Registered No. 11
(For use of Local Registrar)City of Livvard Graham (No. 11 St. 11 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Livvard 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 29 1917
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mingo Graham(9) PRESENT POSTOFFICE OF FATHER Lake City(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Flournoy Co.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Cooper(15) PRESENT POSTOFFICE OF MOTHER Lake City S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Flournoy Co.(19) OCCUPATION Farming(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 born at 10 PM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Adeline X. H. H. H.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lake City

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1/5-7

(28)

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. THIS IS A PERMANENT RECORD. WHEN FILLING, 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.

McCOMB, of Columbia