

MARGIN RESERVED FOR BINDING.

1. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
2. 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 2.

(1) PLACE OF BIRTH

County of Harry
Township of
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
36290

Registration District No. 29-9-5 Registered No. 119
(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 Charlotte Graham

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be covered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Person Married <u>yes</u>	(7) DATE OF BIRTH <u>Mon. 10, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Vince Graham
(9) PRESENT POSTOFFICE OF FATHER Galivants ferry R 3
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35
(12) BIRTHPLACE Harry Co
(13) OCCUPATION farming
(14) Number of children born to mother, including present birth eight

MOTHER.

(15) NAME BEFORE MARRIAGE Alice Graham
(16) PRESENT POSTOFFICE OF MOTHER Galivants ferry R 3
(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 29
(19) BIRTHPLACE Harry Co
(20) OCCUPATION farming
(21) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary E. Stepper
(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 Dec 10 1923 (28) Geo M. Huggins 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.

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