

MAINTAINED FOR BINDING.

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

H. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

Form No. 10, October, 1916, U. S. C.

(1) PLACE OF BIRTH

County of Chesterfield
Township of Peet Bee
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

3460

Registration District No. 120 & 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.)

(2) Full Name of Child Hattie Graham If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 24 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Graham

(9) PRESENT POSTOFFICE OF FATHER Society Hill

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 21 2
(Year)

(12) BIRTHPLACE Darlington

(13) OCCUPATION mining

(14) Number of children born to mother, including present birth 1 Two

MOTHER.

(14) NAME BEFORE MARRIAGE Walterina Clyburn

(15) PRESENT POSTOFFICE OF MOTHER Society Hill

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21
(Year)

(18) BIRTHPLACE Darlington

(19) OCCUPATION house field work

(20) Number of children of this mother now living, including present birth 1 Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 11 A. M., on the date above stated. (Baptismal Name) (Hour A. M. or P. M.)

(23) (Signature) Sarah Green (24) State whether Physician or Midwife (25) Address of Physician or Midwife Society Hill

Given name added from a supplemental report

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

(27) Filed 19 (28) D. J. Walker Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.