

## (1) PLACE OF BIRTH

County of Mariou

Township of .....

or  
Inc. Town of Mullinsor  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only

43612

Registration District No. 3712Registered No. 78

(For use of Local Registrar)

(2) Full Name of Child Mary Grace Graves

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 19, 22</u> (Name of Month) (Day) (Year)
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## FATHER.

(3) FULL NAME William Henry Graves(9) PRESENT POSTOFFICE OF FATHER Mullins, SC(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23  
(Years)(12) BIRTHPLACE Mariou Co(13) OCCUPATION Carpenter(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Alice Capps(15) PRESENT POSTOFFICE OF MOTHER Mullins, SC(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28  
(Years)(18) BIRTHPLACE Mariou Co(19) OCCUPATION House wife(21) Number of children of P's mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Mary Grace Graves at 8 P. M. on the date above stated. (Born alive or stillborn) (Hour (A. M. or P. M.))(23) (Signature) J. L. Martin, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Physician Mullins SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan. 10, 1923

(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.

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