

(1) PLACE OF BIRTH

County of

Spartanburg

Township of

or

Inc. Town of

or

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

16775

Registration District No.

4008

Registered No.

121

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

Julius McGraw

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Jan 14 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Lewis B. McGraw

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg R 6

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

41

(12) BIRTHPLACE

North Carolina

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Emma Rollins

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg R 6

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

31

(18) BIRTHPLACE

Spartanburg

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

7

(21) Number of children of this mother now living, including present birth

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

C. M. Allen

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Spartanburg R 6

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 15 1922

(28)

C. F. Parker

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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