

FORM NO. 10.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, 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.  
Caw. of Columbia

(1) PLACE OF BIRTH  
 County of Charleston STATE OF SOUTH CAROLINA.  
 Township of St Andrews Bureau of Vital Statistics  
 Inc. or Town of ..... State Board of Health  
 or .....  
 City of ..... Registration District No. 908 Registered No. ....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) (For use of Local Registrar)

File No.—For State Registrar Only  
**45663**

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 6, 1916</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Oliver Graham</u>	(14) NAME BEFORE MARRIAGE <u>Lettie</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Johns Island</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Johns Island</u>			
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>St Andrews</u>	(18) BIRTHPLACE <u>Beaufort Co</u>			
(13) OCCUPATION <u>Laborer</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
 (22) I hereby certify that I attended the birth of this child, who was Born alive at St Andrews (Born alive or stillborn) (Hour A. M. or P. M.) 4 P. M.  
 on the date above stated.  
 (23) (Signature) Susan W. ...  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Johns Island

Given name added from a supplemental report  
 \_\_\_\_\_, 191...  
 \_\_\_\_\_ Registrar

(26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Jan 6 1916 (28) L. B. ... 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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