

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 make the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.
 REGISTERED OFFICE, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Windsor
 Township of East
 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

2702

Registration District No. 4-20-3 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.)
 (No. St.; Ward)

(2) Full Name of Child Jessie L. 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 answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 21, 1922</u> (Month) (Day) (Year)
FATHER (8) FULL NAME <u>Samuel Graham</u> (9) PRESENT POSTOFFICE OF FATHER <u>Hemphreys</u> (10) COLOR OR RACE <u>B</u> (11) AGE AT LAST BIRTHDAY <u>28</u> (Years) (12) BIRTHPLACE <u>S.C.</u> (13) OCCUPATION <u>farmer</u>			MOTHER (14) NAME BEFORE MARRIAGE <u>Mary Davis</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Hemphreys</u> (16) COLOR OR RACE <u>B</u> (17) AGE AT LAST BIRTHDAY <u>23</u> (Years) (18) BIRTHPLACE <u>S.C.</u> (19) OCCUPATION <u>Home Wife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Rollie Davis
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____

Given name added from a supplemental report	(26) Witness <u>Samuel Graham</u> (Signature of Witness necessary only when question 23 is signed by mark)
..... Registrar	(27) File <u>Feb 1, 1922</u> (28) <u>R. E. Davis</u> 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 sixth month of pregnancy.