

(1) PLACE OF BIRTH

County of Abbeville....Township of Weldon....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

Registration District No. 405....No. 14.—For State Register Use
146Registered No.
(For use of Local Registrar)(2) Full Name of Child Rose GrahamIf child is not yet named, make
supplemental report as directed(3) SEX OF CHILD Female (4) Twin or Triplet
To be answered only in event of Twin or Triplet (5) Age of Parent Married Yes (6) DATE OF BIRTH Jan 25, 23
(Date of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Graham(9) PRESENT POST OFFICE OF FATHER Barton, S.C.(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 40
(Year)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Graham(15) PRESENT POST OFFICE OF MOTHER Barton, S.C.(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 30
(Year)

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Living at 7 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Hattie Graham

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplement-
tal report

(25) Witness

(Signature of Witness necessary only
when question 25 is signed by mark)(26) Filed Jan 25, 23 (27) Local Registrar

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.

Registrar

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