

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.

(1) PLACE OF BIRTH County of <u>Harry</u> Township of or Inc. Town of <u>Cowway</u> or City of (No. St.; Ward) (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 90305
Registration District No. <u>7-5-A</u> Registered No. <u>56</u> (For use of Local Registrar)			
(2) Full Name of Child <u>George Douglass Graham</u>		If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <input checked="" type="checkbox"/>	(6) Are Parents Married? <u>No.</u>
		(7) DATE OF BIRTH <u>Dec 5, 1916</u> <small>(Name of Month) (Day) (Year)</small>	
FATHER.		MOTHER.	
(8) FULL NAME <u>Tom Cresser</u>		(14) NAME BEFORE MARRIAGE <u>Bertha Graham</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Washed St</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Cowway St</u>	
(10) COLOR OR RACE <u>Negron</u>		(16) COLOR OR RACE <u>Negron</u>	
(11) AGE AT LAST BIRTHDAY (Years)		(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>D.C.</u>		(18) BIRTHPLACE <u>D.C.</u>	
(13) OCCUPATION <u>Laborer</u>		(19) OCCUPATION <u>at home</u>	
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>3:00</u> A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)			
(23) (Signature) <u>Mary Durant</u>		(25) Address of Physician or Midwife <u>Cowway St</u>	
(24) State whether Physician or Midwife <u>Midwife</u>			
Given name added from a supplemental report 19 .. Registrar.		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)	
		(27) Filed <u>Dec 27, 1916</u> (28) <u>Chas. G. Gierck</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 fifth month of pregnancy.