

Form No. 3

(1) PLACE OF BIRTH

County of Marion
 Township of Breton Neck
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. — For State Registrar Only
156

Registration District No. 3200 Registered No. 10
 (For use of Local Registrar)

City of (No. St. Ward) ...
 If birth occurs in a hospital or other institution, give name of same instead of street and number

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

3. BOY OR GIRL? girl 4. Twin or Triplet? No 5. Number in order of birth 1
 To be answered only in case of Twin or Triplet

6. Are Parents Married? yes 7. DATE OF BIRTH Feb 5 1923
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME General Graves
 9. PRESENT POSTOFFICE OF FATHER Gresham S.C.
 10. COLOR OR RACE col 11. AGE AT LAST BIRTHDAY 23
 12. BIRTHPLACE S.C.

13. OCCUPATION Laborer

20. Number of children born to mother, including present birth Two

MOTHER.

14. NAME BEFORE MARRIAGE Julia Richardson
 15. PRESENT POSTOFFICE OF MOTHER Gresham S.C.
 16. COLOR OR RACE col 17. AGE AT LAST BIRTHDAY 22
 18. BIRTHPLACE S.C.

19. OCCUPATION Housewife

21. Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P.M.
 on the date above stated. (Born alive or stillborn) (Hour) (M or P M)

(23) (Signature) Francis Rogers
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report.

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
Feb 7 1923 W. J. Hayes
 Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes ever, it must not be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.