

## (1) PLACE OF BIRTH

County of Fairfield  
 Township of No. 3  
 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  
**24319**

Registration District No. 1912Registered No. 13  
(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 Willie Mae Graham

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Type or Trade To be governed only in case of Trade or Trade (5) Number in order of birth (6) Age of child at birth yes (7) DATE OF BIRTH Aug. 8, 1923  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Will Graham  
 (9) PRESENT POSTOFFICE OF FATHER Blackstock, S.C. R-4  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26  
 (Year) (12) BIRTHPLACE Fairfield Co.  
 (13) OCCUPATION farm laborer.  
 (14) Number of children born to mother, including present birth 5

**MOTHER.**  
 (15) NAME BEFORE MARRIAGE Emma Hall  
 (16) PRESENT POSTOFFICE OF MOTHER Blackstock, S.C. R-4  
 (17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 21  
 (Year) (19) BIRTHPLACE Fairfield Co.  
 (20) OCCUPATION housewife  
 (21) Number of children of this mother now living, including present birth 5

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 50 M.  
 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Emeline Collins(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Great Falls, S.C.

Given name added from a supplemental report

(26) Witness Mrs. F. F. Twister

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 8, 1923(28) Mrs. F. F. Twister

When there was no attending physician or midwife, then the father, householder, etc., should make the report.  
 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.