

## (1) PLACE OF BIRTH

County of GikenTownship of Windsoror  
Inc. Town of .....or  
City of Giken(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 Alfred Graham (If child is not yet named, make supplemental report as directed.)(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH May 21 1922  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Admiral Johnson(9) PRESENT POSTOFFICE OF FATHER Montmorenci(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Montmorenci SC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth One

## MOTHER

(14) NAME BEFORE MARRIAGE Jessie L. Graham(15) PRESENT POSTOFFICE OF MOTHER Giken SC(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 16 (Years)(18) BIRTHPLACE Montmorenci SC(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alfred at G.P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Jessie L. Johnson(24) State whether Physician or Midwife Midwife (Address of Physician or Midwife) Giken SC

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark) R.F.D.(26) May 30 1922 (27) O. L. Woods 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.