

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.

Form No. 2

(1) PLACE OF BIRTH

County of Williamsburg  
Township of Anderson  
or  
Inc. Town of .....  
or  
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 Robert Nelson Graham (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Male</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Nov 21 1916</u> (Name of Month) (Day) (Year)
--------------------------------	--	------------------------------	--------------------------	---

FATHER.		MOTHER.	
(8) FULL NAME <u>H. F. Graham</u>	(14) NAME BEFORE MARRIAGE <u>Ellie Michaux</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Trid se</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Trid se</u>
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
(12) BIRTHPLACE <u>S b</u>	(18) BIRTHPLACE <u>S b</u>	(19) OCCUPATION <u>Farmer</u>	(20) OCCUPATION <u>Domestic</u>
(21) Number of children born to mother, including present birth <u>14</u>	(22) Number of children of this mother now living, including present birth <u>14</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Genet Morris  
(24) State whether Physician or Midwife  
midwife  
(25) Address of Physician or Midwife  
Trid se

Given name added from a supplemental report

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

(27) Filed 11 30 1916 (28) G. W. Hamilton Local Registrar.

19 ... 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.