

Form No 1.

(1) PLACE OF BIRTH

County of Chesapeake
 Township of Old Town

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
45830

Inc. Town of Registration District No. 1206 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 Paul 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 2nd (6) Are Parents Married? Yes (7) DATE OF BIRTH January 1st 1906
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edward Jackson Graham

(9) PRESENT POSTOFFICE OF FATHER Pageland

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 55 (Years)

(12) BIRTHPLACE N.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 2nd

MOTHER.

(14) NAME BEFORE MARRIAGE William Stuart

(15) PRESENT POSTOFFICE OF MOTHER Pageland

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 39 (Years)

(18) BIRTHPLACE Chesapeake County

(19) OCCUPATION Housekeeping

(21) Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) James H. McCall

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Pageland S.C.

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witness E. J. Graham (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1-24 191C. (28) T. R. C. A. B. 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.

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.

McCaw, of Columbia.