

(1) PLACE OF BIRTH

County of W. H. Graham
 Township of Rich
 OF
 Inc. Town of
 OF
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

13212

Registration District No. 4309Registered No. 13
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? 6 (5) Number in order of birth 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 17, 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(9) FULL NAME Lawrence
 (10) PRESENT POSTOFFICE OF FATHER Cades S.C.
 (11) AGE AT LAST BIRTHDAY 30 (Year)
 (12) COLOR OR RACE Negro
 (13) BIRTHPLACE Cades S.C.
 (14) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth. 6

MOTHER

(15) NAME BEFORE MARRIAGE Mary Thomas
 (16) PRESENT POSTOFFICE OF MOTHER Cades S.C.
 (17) AGE AT LAST BIRTHDAY 28 (Year)
 (18) COLOR OR RACE Negro
 (19) BIRTHPLACE Cades S.C.
 (21) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth. 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplementary report

(26) Witness

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

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 If a child breathing was seen, it should be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.