

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FORM FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
 County of Charleston  
 Township of Adamsville  
 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  
736

Registration District No. 11047 Registered No. 3  
 (For use of Local Registrar)

(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 Etta May Graham If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Y (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 7 1922  
 To be answered only in event of Twins or Triplets (If one of Months) (Day) (Year)

**FATHER.**

(8) FULL NAME Jamies Graham  
 (9) PRESENT POSTOFFICE OF FATHER Lowry RD 51  
 (10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 22 (Years)  
 (12) BIRTHPLACE Charleston Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1

**MOTHER.**

(14) NAME BEFORE MARRIAGE Alice Gregory  
 (15) PRESENT POSTOFFICE OF MOTHER Lowry RD 51  
 (16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 21 (Years)  
 (18) BIRTHPLACE Charleston Co  
 (19) OCCUPATION HW  
 (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 born alive at 7:30 PM. on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)  
Wm I 717 (23) (Signature) H. M. Moore  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Charleston SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 6 1923 (28) H. T. McDaniel 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.

REGISTRAR

LOCAL REGISTRAR

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