

MARGIN RESERVED FOR BINDING.
 WRITES 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 6.

(1) PLACE OF BIRTH
 County of Charleston
 Township of Adamsville
 or
 Inc. Town 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)

(2) Full Name of Child Etta May Graham (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Y</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/> <u>Yes</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 7 1922</u> (Month of Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME <u>Jacobs Graham</u>		(14) NAME BEFORE MARRIAGE <u>Alice Gregory</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Henry Road 51</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>George F D S C</u>		
(10) COLOR OR RACE <u>B</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>B</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(12) BIRTHPLACE <u>Charleston Co</u>		(18) BIRTHPLACE <u>Charleston Co</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>H W</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

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 P.M. 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 S.C.

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) St. J. McDaniel
 Registrar 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.

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Form No. 1

2025