

(1) PLACE OF BIRTH

County of Harry Co.
 Township of Green Run
 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
42994

Registration District No. 2506

Registered No. 1215
 (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 Lounette Graham

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth: 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 15 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Aren Graham

(9) PRESENT POSTOFFICE OF FATHER Dahon N.C. Pk

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25
 (Years)

(12) BIRTHPLACE Harry Co S.C.

(13) OCCUPATION Farmer.

(20) Number of children born to mother, including present birth: 1

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Fowler

(15) PRESENT POSTOFFICE OF MOTHER Dahon N.C. Pk

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26
 (Years)

(18) BIRTHPLACE Harry Co S.C.

(19) OCCUPATION House wife

(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 at P.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) Signature Mrs. Minnie Hodge Indurke

(24) State South Carolina (25) Address of Physic. or Midwife Louis N.C.

Given name added from a supplemental report

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

(27) Signature of Registrar The Registrar

*When there was no attending physician or midwife, the father, mother, householders, etc., should make this return. If a child breathes even once, it must be reported as either born or stillborn, no matter what the month of pregnancy.