

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.

REG. OF GEORGIA, GEORGIA, S. C.

(1) PLACE OF BIRTH

County of *Kershaw*
Township of *Buffalo*
or
Inc. Town of

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

Registration District No. *2700*

File No.—For State Registrar Only
90450

Registered No. *146*
(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 *James Graham* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? *1* (5) Number in order of birth *2* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Dec 26 16*
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *Alex Graham*
(9) PRESENT POSTOFFICE OF FATHER *Kershaw Co.*
(10) COLOR OR RACE *col.* (11) AGE AT LAST BIRTHDAY *24*
(12) BIRTHPLACE
(13) OCCUPATION *Fanner*
(20) Number of children born to mother, including present birth

MOTHER.
(14) NAME BEFORE MARRIAGE *Barrie McCaskie*
(15) PRESENT POSTOFFICE OF MOTHER *Beaufort S.C.*
(16) COLOR OR RACE *col.* (17) AGE AT LAST BIRTHDAY *20*
(18) BIRTHPLACE *Kershaw Co.*
(19) OCCUPATION *Housewife*
(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) *Julia E. Davis*
(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed *Jan 10 1917* (28) *J. M. McCaskie* 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.