FORM NO. 6. MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
37952

(1) PLACE OF BIRTH
County of Abbeville
Township of Abbeville
or
Inc. Town of ..... Registration District No. 100 ..... Registered No. 63
(For use of Local Reistrar)
or
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 Robert Graham { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	X	X	Yes	Nov 20, 1915 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME Jas Monroe Graham	(14) NAME BEFORE MARRIAGE George Paul
(9) PRESENT POSTOFFICE OF FATHER Abbeville	(15) PRESENT POSTOFFICE OF MOTHER Abbeville
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 44 (Years)
(12) BIRTHPLACE Ga	(18) BIRTHPLACE Ga
(13) OCCUPATION Farmer	(19) OCCUPATION House Wife
(20) Number of children born to mother, including present birth 8	(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alen at ~~Nov 20~~ 4 P M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. Gambrell M.D.
(24) State whether Physician or Midwife | (25) Address of Physician or Midwife Abbeville Sc.

Given name added from a supplemental report
..... 191....
..... Registrar

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

(27) Filed Nov 25 1915 (28) J. C. Tressy
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.

McCaw, of Columbia.

*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.