CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
30456

(1) PLACE OF BIRTH
County of Charleston
Township of Charleston
or
Inc. Town of .....
or
City of Charleston (No. 2 Ducs Court St.; ..... Ward) 10
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 9A Registered No. 1070 (For use of Local Reistrar)

(2) Full Name of Child Louis Charly Graff — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)
(5) Number in order of birth
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Sept 20, 1915 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Henry William Graff	(14) NAME BEFORE MARRIAGE	Lucy Eadie
(9) PRESENT POSTOFFICE OF FATHER	Charleston	(15) PRESENT POSTOFFICE OF MOTHER	Charleston
(10) COLOR OR RACE	White	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY (Years)	46	(17) AGE AT LAST BIRTHDAY (Years)	28
(12) BIRTHPLACE	Charleston S.C.	(18) BIRTHPLACE	Bonneau S.C.
(13) OCCUPATION	Night Watchman	(19) OCCUPATION	Housekeeper
(20) Number of children born to mother, including present birth	5	(21) Number of children of this mother now living, including present birth	4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive ~~2 Ducs Ct~~ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. M. Kratzer 4 P.M.

(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: 58 Hanover St.

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 9/25 1915 (28) [illegible] 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.

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.
McClure, of Columbia.