

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See Instructions on Back of Certificate)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No. 4408

22 050135

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Registered No. (For use of Local Registrar)

Ward

1. PLACE OF BIRTH

County of York

Township of York

or Inc. Town of

or City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD

J. D. Griffin

3. Boy or Girl
Boy

If Plural
births

4. Twin, triplet, or other

5. Number, in order of birth

6. Premature
Full term

7. Legiti-
mate? Yes

8. Date of birth Oct. 18, 1922
(Month, day, year)

9. Full
name

FATHER
Elliott Griffin

10. Residence (usual place of abode) York, R.F.D. #6
(If non-resident, give place and State) S. C.

11. Color or race
Negro

12. Age at last birthday 45 (Years)

13. Birthplace (city or place) York, S. C.
(State or country)

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Farmer

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.

16. Date (month and year) last
engaged in this work

17. Total time (years)
spent in this work

27. Number of children of this mother (At time of birth and including this child) 10 (a) Born alive and now living 6 (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation months weeks

29. Cause of stillbirth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6 A. m. on the date above stated.
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Give name added from
a supplemental report

(Date of)

Registrar.

(Signed) ADDIE GRIFFIN XMD.

or (Parent) MARTIN B. WOODWARD

Address 12 ELMOND, V.C.

Filed July 18, 1922 Martin B. Woodward, M. D.
Registrar.

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