

74 Rec. 11/20/44 670

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

22 050135

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) (No. _____ St. _____ Ward _____)
(If child is not yet named, make supplemental report as directed.)

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 _____ 7. Legitimate? Yes 8. Date of birth Oct. 18, 1922
(Month, day, year)

9. Full name FATHER
Elliott Griffin

18. Full maiden name MOTHER
Addie Gill

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

19. 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)

20. Color or race Negro 21. Age at last birthday 32 (Years)

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

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

OCCUPATION
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 _____ 19____
17. Total time (years) spent in this work _____

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Domestic
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 19____
26. 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 report.)

(Signed) ADDIE GRIFFIN XMD.
or _____ (Parent) _____

Give name added from a supplemental report _____ (Date of) _____

Address 12 ELMONT, S.C.
Filed July 18, 1942 Martin B. Woodward, M. D.
Registrar.

Registrar.

1062