

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 McCaw of Columbia.

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

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

File No.—For State Registrar Only
12074

Registration District No. 2202 Registered No. 112
 (For use of Local Registrar)

(2) Full Name of Child Chailey Allen Griffith If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>to be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 20, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER		MOTHER		
(8) FULL NAME <u>William P. Griffith</u>		(14) NAME BEFORE MARRIAGE <u>Emma Cole</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C. 11th St</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C. 11th St</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>42</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>41</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Greenville Co</u>		(18) BIRTHPLACE <u>Greenville Co</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>12</u>		(21) Number of children of this mother now living, including present birth <u>12</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 5 P. M., on the date above stated. (born alive or stillborn) Hour A. M. or P. M.)
 (23) (Signature) H. T. McPherson, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Greenville S.C. 11th St

Given name added from a supplemental report
June 8, 1916
Greenville S.C.
Greenville
City Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan 8, 1916 (28) H. A. Jones Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths during the fifth month of pregnancy.

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