

(1) PLACE OF BIRTH

Sumter
 County of
 Township of **Privataer**.....
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20313

Registration District No. **4104**... Registered No. **7.6**.....
 (For use of Local Registrar)

(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 **Rowland Stubbs Griffin** If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? **Boy** (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? **yes** (7) DATE OF BIRTH **June 10, 1923**
 To be answered only in case of Twins or Triplets (Name of Month (Day) (Year))

FATHER.

(8) FULL NAME **George Griffin**
 (9) PRESENT POSTOFFICE OF FATHER **Pinewood, S.C.**
 (10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **48** (Year)
 (12) BIRTHPLACE **Sumter County, S.C.**
 (13) OCCUPATION **Farming**
 (20) Number of children born to mother, including present birth **Twelve**

MOTHER.

(14) NAME BEFORE MARRIAGE **Emma Turner**
 (15) PRESENT POSTOFFICE OF MOTHER **Pinewood, S.C.**
 (16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **37** (Year)
 (18) BIRTHPLACE **Sumter County, S.C.**
 (19) OCCUPATION **Housewife**
 (21) Number of children of this mother now living, including present birth **Eleven**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **alive** at **3AM.** M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **Mrs. Lawrence Ward**
 (24) State whether Physician or Midwife **Midwife** (25) Address of Physician or Midwife **Pinewood, S.C.**

Given name added from a supplemental report

(26) Witness **George Griffin**
 (Signature of witness necessary only when question 23 is signed by mark)
6-20-1923.

(27) Filed **19** (28) **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.
 WHITE PLAINS, WITH LEADING 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.