

(1) PLACE OF BIRTH
 County of Sumter
 Township of Privateer
 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.)

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

File No. — For State Registrar Only
44786

Registration District No. 4104 Registered No. 161
 (For use of Local Registrar)

(2) Full Name of Child Emma Alphus Griffin If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 5 1915</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>George W. Griffin</u>	(14) NAME BEFORE MARRIAGE <u>Sallie Turner</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Pinewood S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Pinewood S.C.</u>			
(10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>19</u> (Years)			
(12) BIRTHPLACE <u>Sumter Co. S.C.</u>	(18) BIRTHPLACE <u>Sumter Co. S.C.</u>			
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mrs. Sabina Sackey
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pinewood S.C.

Given name added from a supplemental report
 _____, 191____
 _____ Registrar

(26) Witness A. B. Kolb
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 6 1915 (28) Silas B. Kolb 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.

*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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 McCaw of Columbia
 Form No. 14
 THIS PLACE, WITH SPACES AT THE END OF EACH LINE, IS TO BE FILLED WITH THE NAME OF THE CHILD.
 It is in case of twins or triplets, etc., that the name of each child should be given.