

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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 Flourence GriffinFile No. - For State Registrar Only
29248

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9ARegistered No. 1382
(For use of Local Registrar)(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twin or Triplet (5) Number in order of birth 10 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 21, 1922
(Name) (Month) (Day) (Year)

FATHER

(8) FULL NAME Edward Griffin(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE Charlotte, N.C.(13) OCCUPATION Logging Mill(20) Number of children born to mother, including present birth Ten (10)

MOTHER

(14) NAME BEFORE MARRIAGE Christine Antope(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE Charleston(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth Seven (7)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 AM.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hankin D. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Date 9/21/22

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 sixth month of pregnancy.