

Form No. 1

## (1) PLACE OF BIRTH

County of Laurens  
Township of Indian LandOR  
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

35176

Registration District No. 2805Registered No. 27  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 27, 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wm. Owslow Griffin(9) PRESENT POSTOFFICE OF FATHER Asheville, N.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Laurens Co.(13) OCCUPATION Farmer(14) NAME BEFORE MARRIAGE Ollie Mae Potts(15) PRESENT POSTOFFICE OF MOTHER Asheville, N.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Laurens Co.(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 6(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. R. McVain  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Asheville, N.C.

Given name added from a supplemental report

(26) Witness Jane Porter  
(Signature of Witness necessary only when question 23 is signed by mark)B. J. Richardson  
Registrar(27) Filed Oct. 10, 22 B. J. Richardson  
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 NOTES

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

BUREAU OF COLUMBIA, COLUMBIA, S. C.