

(1) PLACE OF BIRTH

County of GreenwoodTownship of Verderyor
Inc. Town ofor
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

77428

Registration District No. 2813 Registered No. 43

(For use of Local Registrar)

(2) Full Name of Child Lillie Bell Griffin } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin * or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 19, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Milton Griffin(9) PRESENT POSTOFFICE OF FATHER Greenwood R.F.D.(10) COLOR OR RACE Collard (11) AGE AT LAST BIRTHDAY 52 (Years)(12) BIRTHPLACE Greenwood R.F.D.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie E. Bowie(15) PRESENT POSTOFFICE OF MOTHER Greenwood(16) COLOR OR RACE Collard (17) AGE AT LAST BIRTHDAY 92 (Years)(18) BIRTHPLACE Edgefield Co.(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5:00 clock P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife Sarah Wharton
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenwood

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed Oct. 10, 1916 (28) A. R. Barby 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.

WHEN PLAINLY WRITING WITH UNFADING 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.

McCaw, of Columbia.