

## (1) PLACE OF BIRTH

County of Charleston  
 Township of Chestnut  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

No. 44811

Registration District No. 4008 Registered No. 263  
 (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 Mar. Lee Griffin If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>girl</u>	(4) Type of Birth <u>To be reported only in case of Twin or Triplet</u>	(5) Number in order of birth <u>1st</u>	(6) DATE OF BIRTH <u>12/1/23</u> (Month) (Day) (Year)
FATHER		MOTHER	
(7) FULL NAME <u>Clark Griffin</u>		(10) NAME BEFORE MARRIAGE <u>Mar. Lee</u>	
(8) PRESENT RESIDENCE OF FATHER <u>Greenville</u>		(11) PRESENT RESIDENCE OF MOTHER <u>Greenville</u>	
(9) COLOR OR RACE <u>W</u>	(12) AGE AT LAST BIRTHDAY <u>45</u> (Year)	(13) COLOR OR RACE <u>W</u>	(14) AGE AT LAST BIRTHDAY <u>50</u> (Year)
(15) BIRTHPLACE <u>SC</u>		(16) BIRTHPLACE <u>SC</u>	
(17) OCCUPATION <u>mill work</u>		(18) OCCUPATION <u>house work</u>	
(19) Number of children born to mother, including present birth <u>4</u>		(20) Number of children of this mother now living, including present birth <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (New A. E. C. H.) on the date above stated.

(22) (Signature) W. B. Lancaster M.D.  
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife  
Greenville

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
Sept. 10, 1925 (26) Local Registrar  
M. C. F. Garber

\*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 REMOVED FOR READING.  
 WRITE PLAINLY, 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 1.

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.