

(1) PLACE OF BIRTH

County of Sumter

Township of Madison

Inc. Town of .....

City of .....

(No. .... St.; .... Ward)  
(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

44774

Registration District No. 4103 Registered No. 81  
(For use of Local Registrar)

(2) Full Name of Child John Earle Griffin

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>Indicate sequential order in event of twins or triplets</small>	(5) Number in order of birth	(6) Age Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 11 5</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Lawrence Badger Griffin

(9) PRESENT POSTOFFICE OF FATHER Madison

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE D C

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Rosellie Traskley

(15) PRESENT POSTOFFICE OF MOTHER Madison

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE D C

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 1:50 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. L. Paul

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Madison

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 June 19 1915 (28) M. L. Paul 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.

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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia. N. E.—in case of TWINS OR TRIPLETS, give name of each child.

Form 10, 1914. MATCH FILE UNDER THIS NUMBER IN A REGISTERED OFFICE.

McCaw