

Form 10, 1910
MAILED, RETURNED FOR FILING
WITH PLACER, WITH ONE LINE IN-TOO IN A PREVIOUS EDITION
N. B.—In case of TWINS OR TRIPLETS, etc., see INSTRUCTIONS, page 10.

McCaw, of Columbia

(1) PLACE OF BIRTH

County of San Luis
Township of Madison
or
Inc. Town of
or
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
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? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age Parents Married? Yes (7) DATE OF BIRTH Dec 11 5
(Name of Month) (Day) (Year)

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 Rosella Trask
(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 born, at 152 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 Physician (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 Dec 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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