

## (1) PLACE OF BIRTH

County of Spokane STATE OF SOUTH CAROLINA  
 Township of Walnut Grove Bureau of Vital Statistics  
 or State Board of Health  
 Inc. Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

Registration District No. 4010

File No. — For State Registrar Only  
79384

Registered No. 37  
 (For use of Local Registrar)

City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Corrie Griffin

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 6 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(7) FULL NAME John L. Griffin(8) PRESENT POSTOFFICE OF FATHER Rochester SC(9) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Years)(12) BIRTHPLACE Cowpens, S.C.(13) OCCUPATION Farm(14) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Quinn(15) PRESENT POSTOFFICE OF MOTHER Rochester SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE Union Co. SC(19) OCCUPATION House Keeper(20) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Aline at 2 A.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. J. McLean

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Rochester SC

Given name added from a supplemental report

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

(27) Filed Oct. 6 1916 (28) Dr. Fred Newman 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.