

MARGIN RESERVED FOR BINDING.
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 5.

(1) PLACE OF BIRTH

County of Charleston
Township of Johns Island
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

88840

Registration District No. 905 Registered No. 121
(For use of Local Registrar)

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

(3) BOY OR GIRL Girl (4) Twin or Triplets No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 19 16
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Benson Griffin
(9) PRESENT POSTOFFICE OF FATHER Mullett Hall
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE Mullett Hall
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Pety Ford
(15) PRESENT POSTOFFICE OF MOTHER Mullett Hall
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Johns Island
(19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1 (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 alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Vernie Smith

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Mullett Hall

Given name added from a supplemental report

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

(27) Filed Nov 15 1916 (28) W. C. Hills 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.