

Form No. 10.

MARGIN RESERVED FOR BINDING.

WR
N. 1

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.

State of Columbia

(1) PLACE OF BIRTH
County of Greenville
Township of Greenville
or
Inc. Town of
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
43057

Registration District No. 2209 Registered No. 4723
(For use of Local Registrar)
St.; Ward)

(2) Full Name of Child Annice Young If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE BIRTH Dec. 18 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Griffin
(9) PRESENT POSTOFFICE OF FATHER Greenville
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Works for city
(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Young
(15) PRESENT POSTOFFICE OF MOTHER Greenville
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Laundress
(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 4 a M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Annie Quisenberry
(24) State whether Physician or Midwife. (25) Address of Physician or Midwife Midwife Greenville

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 18 1915 (28) a H Mackie 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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