

(1) PLACE OF BIRTH

County of NewberryTownship of Blacksburg

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

49952

Registration District No. 3407 Registered No. 11

(For use of Local Registrar)

(2) Full Name of Child Mildred Griffin

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

Is to be answered only in event of Twin or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Feb 21

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jim Griffin

(9) PRESENT POSTOFFICE OF FATHER

Newberry

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

35

(Years)

(12) BIRTHPLACE

Newberry SC

(13) OCCUPATION

Farmer

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Mauda Smith

(15) PRESENT POSTOFFICE OF MOTHER

Newberry

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

39

(Years)

(18) BIRTHPLACE

Newberry SC

(19) OCCUPATION

Home wife

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

Mary E. Loeffler

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeNewberry

Given name added from a supplemental report

Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 29 1914

(28)

J. P. Loeffler 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.

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 6.

McCaw, of Columbia.