

## (1) PLACE OF BIRTH

County of LynchburgTownship of Lynchburgor  
Inc. Town of Lynchburgor  
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 Harold B. 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  
To be answered only in event of Twins or Triplets(6) Are Parents Married? yes(7) DATE OF BIRTH Jan 29 19 22  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Thomas G. Griffin(9) PRESENT POSTOFFICE OF FATHER Lynchburg SC(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 41  
(Years)(12) BIRTHPLACE Lynchburg SC(13) OCCUPATION merchant(20) Number of children born to mother, including present birth 16

## MOTHER

(14) NAME BEFORE MARRIAGE Ella Martin(15) PRESENT POSTOFFICE OF MOTHER Lynchburg SC(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 39  
(Years)(18) BIRTHPLACE Newnan Ga(19) OCCUPATION domestic(21) Number of children of this mother now living, including present birth 15

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:10 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) F. M. Griffin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lynchburg SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed 10/9 1922

(28)

J. F. McIntosh  
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.

MADE IN SCOTLAND, DUNDEE, N. B. C.