

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

38513

County of AndersonTownship of Burroughsboro

Inc. Town of

City of

Registration District No. 303Registered No. 94
(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 John Lee Griffin

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

(3) SEX OF

Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Are From Mother

(7) DATE OF

BIRTH Dec 4 1925

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Charley Griffin

(9) PRESENT POST OFFICE OF FATHER

Piedmont 112

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

2 1/2
(Year)

(12) BIRTHPLACE

Salubria Co S C

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Fannie Bell

(15) PRESENT POST OFFICE OF MOTHER

Piedmont S C 112

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

2 1/2
(Year)

(18) BIRTHPLACE

Salubria Co S C

(19) OCCUPATION

Farmer

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

2

(21) 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 at. G. P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hannah Bath

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplemental report

(26) Witness

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

(27) Filed Dec 10 1925(28) J. R. W. Adams
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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