

Form No. 1

(1) PLACE OF BIRTH

County of RollandTownship of Centeror
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Jake GriffinFile No.—For State Registrar Only
27781Registration District No. 380Registered No. 51
(For use of Local Registrar)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth <u>7</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 8 1922</u> (Same of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Cap Griffin

(9) PRESENT POSTOFFICE OF FATHER Engle's 82

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Rolland Co 82

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 17

MOTHER.

(14) NAME BEFORE MARRIAGE Corie Bronson

(15) PRESENT POSTOFFICE OF MOTHER Engle's 82

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Rolland Co 82

(19) OCCUPATION House Wife

(21) Number of children of this mother now living, including present birth 17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Colored at 9 9 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lizzie Kabeary(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Engle's 82

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)19
Registrar(27) Filed June 15 1922 (28) A.B. C Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report.

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.