

7/15/43

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U. S. Dept. of Commerce
Bureau of the Census

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Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 182

FILE No.—For State Registrar Only

00120

Registered No. (For use of Local Registrar)

1. PLACE OF BIRTH

County of Edgefield

Township of

or

Inc. Town of

or

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

Mattie Griffin

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

3. Boy or Girl Girl	If Plural births	4. Twin, triplet or other	5. Number, in order of birth	6. Premature	Full term	7. Are Parents Married? Yes	8. Date of birth Feb. 1, 1916 (Month, day, year)
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9. Full name	FATHER Pierce Griffin
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18. Name before marriage	MOTHER Georgianna Trazier
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10. Residence (mailing address) (If non-resident, give place and State)	Edgefield, S.C.
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19. Residence (mailing address) (If non-resident, give place and State)	Edgefield, S.C.
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11. Color or race Col	12. Age at child's birth 25 (years)
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20. Color or race Col	21. Age at child's birth 23 (years)
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13. Birthplace (city or place) (State or country)	Edgefield County
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22. Birthplace (city or place) (State or country)	Edgefield Co.
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14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Laborer
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23. Trade, profession, or particular kind of work done, as house- keeper, typist, nurse, clerk, etc.	House-Keeper
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15. Industry or business in which work done, as silk mill, sawmill, bank, etc.	
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24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
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16. Date (month and year) last engaged in this work	19
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25. Date (month and year) last engaged in this work	19
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27. Number of children of this mother (At time of birth and including this child 5)	(a) Born alive and now living 4	(b) Born alive but now dead 1	(c) Stillborn 0
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28. If stillborn, period of gestation	months weeks	29. Cause of stillbirth	Before labor During labor
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born atm. on the date above stated.
(Born alive or stillborn)

(Signed) Robert Griffin, Parent
or Guardian

Address

Filed 7/15/43, 1943 L.A. Riser, M.D.
Registrar.

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)