

7/15/43

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

16 093555

1. PLACE OF BIRTH

County of Edgefield
Township of.....
or
Inc. Town of.....
or
City of.....

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 180 Registered No.
(For use of Local Registrar)

FILE No.—For State Registrar Only

00170

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..... 6. Premature..... 7. Are Parents Married? Yes 8. Date of birth Feb. 1, 1943
5. Number, in order of birth..... Full term..... (Month, day, year)9. Full name **FATHER**
Pierce Griffin18. Name before marriage **MOTHER**
Georgianna Trazier10. Residence (mailing address) Edgefield, S.C.
(If non-resident, give place and State)19. Residence (mailing address) Edgefield, S.C.
(If non-resident, give place and State)11. Color or race Col 12. Age at child's birth 25 (years)20. Color or race Col 21. Age at child's birth 23 (years)13. Birthplace (city or place) Edgefield County
(State or country)22. Birthplace (city or place) Edgefield Co.
(State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. House-keeper

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work
19.....

17. Total time (years) spent in this work.....

25. Date (month and year) last engaged in this work
19.....

26. Total time (years) spent in this work.....

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 028. If stillborn, period of gestation.....
months weeks29. Cause of stillbirth.....
Before labor.....
During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at.....m. 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.)