

Form No. 10. **IN CASE OF TWINS OR TRIPLETS, WITH CERTAINING INK—THIS IS A PERMANENT RECORD.**

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Caw, of Columbia.

(1) PLACE OF BIRTH
County of **Marlboro,**
Township of **Smithville,**
or
Inc. Town of
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
46896

Registration District No. **3306**...Registered No. **7**...
(For use of Local Registrar)
St.;Ward

(2) Full Name of Child... **Ruth Geneva Griggs,** } 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 (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **Jan. 24/1916**
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME J. V. Griggs,	(14) NAME BEFORE MARRIAGE Vattie McFaden,	(9) PRESENT POSTOFFICE OF FATHER Bennettsville, S.C.	(15) PRESENT POSTOFFICE OF MOTHER Bennettsville, S.C.
(10) COLOR OR RACE White,	(11) AGE AT LAST BIRTHDAY 47 (Years)	(16) COLOR OR RACE White,	(17) AGE AT LAST BIRTHDAY 42 (Years)
(12) BIRTHPLACE S.C.	(18) BIRTHPLACE S.C.	(19) OCCUPATION House Wife,	(21) Number of children of this mother now living, including present birth 15
(13) OCCUPATION Farming,	(20) Number of children born to mother, including present birth 14		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **Alive**.... at **10.40 A.M.**....M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **J. F. Kinney,** (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician, Bennettsville, S.C.

Given name added from a supplemental report
....., 191....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed **Jan. 25/1916** (28) **W. H. Priest** 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.