CERTIFICATE OF BIRTH

File No.—For State Registrar Only

CERTIFICATE OF BIRTH

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

(2)

File No.—For State Registrar Only
35810

(1) PLACE OF BIRTH
County of Oconee
Township of Seneca
or
Inc. Town of Johnsons Registration District No. 3504 Registered No. .....
(For use of Local Registrar)
or
City of Calley S.C. (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 Nellie Inese Griffin — If child is not yet named, make supplemental report as directed

GIRL?	(4) Twin or Triplet? Single	(5) Number in order of birth 6	(6) Are Parents Married? Yes	(7) DATE OF BIRTH 7 (Name of Month) 19 (Day) 1922 (Year)
	To be answered only in event of Twins or Triplets			

FATHER.		MOTHER.	
FULL NAME	Van Griffin	(14) NAME BEFORE MARRIAGE	Lula Chapman
PRESENT POSTOFFICE OF FATHER	Clemson College S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Clemson College S.C.
COLOR OR RACE	White	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY	40 (Years)	(17) AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Pickens Co S.C.	(18) BIRTHPLACE	N.C.
OCCUPATION	Farmer	(19) OCCUPATION	Mother & Wife
Number of children born to mother, including present birth	6	(21) Number of children of this mother now living, including present birth	6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... 9 P. M., (Born alive or [illegible]) (Hour [illegible] or P. M.) on the date above stated.

(23) (Signature) W. W. Watkins

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Clemson College

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 ..... 191.... (28) ..... 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.