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

1. PLACE OF BIRTH

County of Fairfield
Township of.....
or
Inc. Town of Ridgeway
or
City of.....

Standard Certificate of Birth

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

FILE No.—For State Registrar Only

00215

Registration District No. 1906 Registered No.
(For use of Local Registrar)

(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

Isaac Buster Griffin, Jr. { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plural Births 4. Twins, triplets or other..... 6. Premature..... 7. Are Parents Married? yes 8. Date of birth Dec. 14, 1946
(Month, day, year)

9. Full name Isaac Buster Griffin FATHER 18. Name before marriage Nancy Myers MOTHER

10. Residence (mailing address) Ridgeway, S. C. 19. Residence (mailing address) Ridgeway, S. C.
(If non-resident, give place and State) (If non-resident, give place and State)

11. Color or race Negro 12. Age at child's birth 28 (years) 20. Color or race Negro 21. Age at child's birth 27 (years)

13. Birthplace (city or place) South Carolina 22. Birthplace (city or place) Ridgeway, S. C.
(State or country) (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. House keeper and Laundry woman

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 17. Total time (years) spent in this work 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. Number of children of this mother (At time of birth and including this child) 3 (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation..... (months) weeks 29. 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 12 Midnight on the date above stated.

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

Given name added from a supplementary report..... (Date of)

(Signed) Nancy Myers Griffin Parent or..... Guardian

Address 2215 1/2 pendleton

Filed Jan. 24, 1944 L. A. Riser, M.B. 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.)