

Form No. 1

(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

21902

Registration District No. 3300... Registered No. 43.....
(For use of Local Registrar)(2) Full Name of Child Edith H. Griffin.....

(If child is not yet named, make supplemental report as directed)

(3) SEX
GIRL(4) Twin
or Triplet(5) Number in
order of birth
To be covered only in event of Twin or Triplet(6) Are
Parents
Married?

Yes

(7) DATE OF
BIRTH July 13 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEJ. Kemp Griffin(9) PRESENT
POSTOFFICE
OF FATHERFleming S.C.(10) COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY 3 1/2
(Years)

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

Express Messenger(14) Number of children born to
mother, including present birth1

MOTHER.

(14) NAME BEFORE
MARRIAGESarah Pariah(15) PRESENT
POSTOFFICE
OF MOTHERCherry S.C.(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY 4
(Years)

(18) BIRTHPLACE

N.C.

(19) OCCUPATION

House Work(21) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was..... at 1 P., M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Griffin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Cherry, S.C.Given name added from a supplement-
al report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed July 15 1923 (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.