

(1) PLACE OF BIRTH

County of Cherokee
 Township of Colony
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
24018

Registration District No. 1301 Registered No. 34
 (For use of Local Registrar)

City of (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 Leo Bruce Griffin If child is not yet named, make supplemental report as directed

(3) SEX Boy (4) Trin (5) Number in order of birth 2 (6) yes (7) DATE OF BIRTH 8 14 23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James H. Griffin
 (9) PRESENT POSTOFFICE OF FATHER Paxville, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 49
 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Forming

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Brown
 (15) PRESENT POSTOFFICE OF MOTHER Paxville, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34
 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Dr. J. H. Hunter (24) Address of Physician or Midwife Paxville, S.C.
 (25) State whether Physician or Midwife

Given name added from a supplemental report

(26) Witness Mrs. M. Brown
 (Signature of witness necessary only when question 23 is signed by mark)

(27) Filed Sept. 10, 1923 (28) C. F. Griffin
 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.