

## (1) PLACE OF BIRTH

County of LaurieTownship of Laurieor  
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

30982

Registration District No. 2904 Registered No. 117

(For use of Local Registrar)

(2) Full Name of Child Grace Griffin

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

(3) BOY OR GIRL? My (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 27 27(8) FULL NAME Gracie Griffin (9) PRESENT POSTOFFICE OF FATHER Laurie SC (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37 (12) BIRTHPLACE Laurie Co SC (13) OCCUPATION Day Laborer(14) NAME BEFORE MARRIAGE Carrie Copeland (15) PRESENT POSTOFFICE OF MOTHER Laurie SC (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35 (18) BIRTHPLACE Laurie Co SC (19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 10 (21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 3 a M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Mary Jones(24) State whether Physician or Midwife (25) Address of Physician or Midwife Laurie SC

Given name added from a supplemental report

(26) Witness F. E. Bishop

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Date Oct 27 27 (28) F. E. Bishop 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.

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