(1) PLACE OF BIRTH

County of Spartanburg

Township of Beech Spring

or

Inc. Town of ..... Registration District No. 7000 a Registered No. 38 (For use of Local Reistrar)

or

City of ..... (No. ..... St.; ..... Ward)

(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
50431

(2) Full Name of Child William Jones Griffin { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	—	6	Yes	Feb 18 1916 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME W. J. Griffin	(14) NAME BEFORE MARRIAGE Fannie Ellen Pittman
(9) PRESENT POSTOFFICE OF FATHER Wilford S.C.	(15) PRESENT POSTOFFICE OF MOTHER Wilford S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE Spartanburg Co	(18) BIRTHPLACE Spartanburg Co S.C.
(13) OCCUPATION Farming	(19) OCCUPATION House Work
(20) Number of children born to mother, including present birth { Six	(21) Number of children of this mother now living, including present birth { Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 6 o'clock 9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. R. L. Marchant

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife Greer S.C.

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 Mar 16 1916. (28) J. C. Moore 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.

Registrar I Local Registrar.

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McCaw, of Columbia.

McCaw.