

(1) PLACE OF BIRTH

County of Macon
 Township of Reids
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29298

Registration District No..... Registered No.....

(For use of Local Registrar)

or
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

3. SEX Girl 4. Twin or Triplet 2 5. Number in order of birth 1 6. Are Parents Married yes 7. DATE OF BIRTH Aug 1 1923
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME W. H. Griffin9. PRESENT POSTOFFICE OF FATHER W. H. Griffin, S.C.10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)12. BIRTHPLACE W. H. Griffin, S.C.13. OCCUPATION Farmer14. Number of children born to mother, including present birth 9

MOTHER.

14. NAME BEFORE MARRIAGE Maggie Griffin15. PRESENT POSTOFFICE OF MOTHER W. H. Griffin, S.C.16. COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)18. BIRTHPLACE Macon, Ga.19. OCCUPATION Housewife20. 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..... at 2:30 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Harvey K. K. K.(24) State, whether Physician or Midwife Midwife(25) Address of Physician or Midwife W. H. Griffin, S.C.

Given name added from a supplement-
 al report

(26) Witness W. H. Griffin
 (Signature of Witness necessary only
 when question 22 is signed by mate)

(27) Filed 7-7-23 (28) W. H. Griffin Local Registrar.

19.....
 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.