

(1) PLACE OF BIRTH

County of *Orangeburg*Township of *Edisto*or
Inc. Town of _____
orCity 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

50087

Registration District No. *9603* Registered No. *2*
(For use of Local Registrar)2) Full Name of Child *Francis Louis Griffith* } 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* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Jan, 8th*
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.

9) FULL NAME *Rayson Griffith*10) PRESENT POSTOFFICE OF FATHER *Rt. 2, Cordora*(11) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *41*
(Years)(12) BIRTHPLACE *Orangeburg Co.*(13) OCCUPATION *Farming*(14) Number of children born to mother, including present birth *6*

MOTHER.

(14) NAME BEFORE MARRIAGE *Fannie Blair*(15) PRESENT POSTOFFICE OF MOTHER *Same as father*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *38*
(Years)(18) BIRTHPLACE *Orangeburg Co.*(19) OCCUPATION *Farmer's wife*(21) Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *7:30 a.m.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Geo. H. Walker M.D.*(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Orangeburg, S.C.

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

(27) Filed *Feb 12 6* 191*6* (28) *R. H. W. W. W.*
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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