

## (1) PLACE OF BIRTH

County of *Orangeburg*Township of *Edisto*

or

Inc. Town of *—*City of *—* (No. *—*)

(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? <i>—</i>	(4) Twin or triplet? <i>—</i> <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth <i>6</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Jan. 8th</i> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME *Rayson Griffith*(9) PRESENT POSTOFFICE OF FATHER *Rt. 2, Cordora*(10) 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*(20) 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 *3:30 a.m.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Geo. H. Waller M.D.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*Physician**Orangeburg, S.C.*

Given name added from a supplemental report

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Registrar

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

(27) Filed *Feb. 12, 1916* (28) *R. H. W. 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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