

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Ellerbe
 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

31625

Registration District No. 3605 Registered No. 23
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH 9 24 1912
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	<u>Marion Griffin</u>	(14) NAME BEFORE MARRIAGE	<u>Maggie Wise</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Ellerbe S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Ellerbe S.C.</u>
(10) COLOR OR RACE	<u>Negro</u>	(16) COLOR OR RACE	<u>Negro</u>
(11) AGE AT LAST BIRTHDAY	<u>27</u> (Year)	(17) AGE AT LAST BIRTHDAY	<u>27</u> (Year)
(12) BIRTHPLACE	<u>Dance S.C.</u>	(18) BIRTHPLACE	<u>Calhoun County, S.C.</u>
(13) OCCUPATION	<u>Farmer</u>	(19) OCCUPATION	<u>Farmer wife</u>

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elegy D. Perry (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ellerbe S.C.

Given name added from a supplemental report

(26) Witness M. D. Perry (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 28 1912 (28) Elegy D. Perry 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.