

Form No 1.

(1) PLACE OF BIRTH
County of Fairfield
Township of 8
or
Inc. Town of
or
City of
(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
48959

Registration District No. 1957... Registered No. 4...
(For use of Local Registrar)
SL; Ward

(2) Full Name of Child J. P. McGriff thia... } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>one</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>one</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Feb. 18</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.
(8) FULL NAME Robert McGriff
(9) PRESENT POSTOFFICE OF FATHER Columbia
(10) COLOR OR RACE Negro
(11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE
(13) OCCUPATION State hospital Columbia
(14) Number of children born to mother, including present birth {

MOTHER.
(14) NAME BEFORE MARRIAGE Pearl Hair
(15) PRESENT POSTOFFICE OF MOTHER Nelson S C
(16) COLOR OR RACE Negro
(17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Bray place Fairfield Co.
(19) OCCUPATION farming
(21) Number of children of this mother now living, including present birth { one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 PM, on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife Lovania Prosser Nelson S C

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

Given name added from a supplemental report

J. P. McGriff..... 1916.....

Registrar

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

(27) Filed Mar 1 1916 (28) J. B. Shapell 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

THIS IS A SUPPLEMENT RECORD.