

Form No. 1

(1) PLACE OF BIRTH

County of FairfieldTownship of 4

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4

File No. — For State Registrar Only

30063

Registered No. 49

(For use of Local Registrar)

(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 Estelle McGriff

If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL? girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 28, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John McGriff(9) PRESENT POSTOFFICE OF FATHER It was born S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 41 (Years)(12) BIRTHPLACE Fairfield Co S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Lora Henry(15) PRESENT POSTOFFICE OF MOTHER It was born S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE Fairfield Co S.C.(19) OCCUPATION Farm laborer(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... Born alive ... at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Cherry McDaniel(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife It was born S.C.

Given name added from a supplemental report

(26) Witness Miss Margaret Hayner

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

(27) Date Oct 7, 22 (28) Don Hayner Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make his 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED: COLUMBIA, COLUMBIA S. C.