

(1) PLACE OF BIRTH

County of LancasterTownship of Lancaster

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

1704

Registration District No. 28aRegistered No. 3

(For use of Local Registrar)

St. Ward

(2) Full Name of Child

Reddie M. Griffin(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

Jan 4 1922

FATHER

(9) FULL NAME

Reddie M. Griffin

(10) PRESENT POSTOFFICE OF FATHER

Lancaster(11) COLOR OR RACE Col

(12) AGE AT LAST BIRTHDAY

21 (Years)

(13) BIRTHPLACE

Lancaster Co.

(14) OCCUPATION

Dom Laborer

(15) Number of children born to mother, including present birth

1 one

MOTHER

(16) NAME BEFORE MARRIAGE

Sarah M. Griffin

(17) PRESENT POSTOFFICE OF MOTHER

Lancaster(18) COLOR OR RACE Col

(19) AGE AT LAST BIRTHDAY

20 (Years)

(20) BIRTHPLACE

Greenville Co. S.C.

(21) OCCUPATION

House Keeper

(22) Number of children of this mother now living, including present birth

1 one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.(24) (Signature) Sarah M. Griffin

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Given name added from a supplemental report

(27) Witness

(Signature of Witness necessary only when question 23 is answered "No")

(28) Filed

1922 (29) 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.