

## (1) PLACE OF BIRTH

County of Richland

Township of .....

OR

Inc. Town of .....

OR

City of Columbia, S.C.

(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

No. 36130Registration District No. 35Registered No. 1-16-4  
(For use of Local Registrar)

## (2) Full Name of Child

James Estell Griffin

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married

Yes

(7) DATE

June 25, 1922

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

Robert Hadden Griffin

(9) PRESENT POSTOFFICE OF FATHER

City

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

23  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Fireman

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

Three

## MOTHER

(14) NAME BEFORE MARRIAGE

Mary Ann Hooper

(15) PRESENT POSTOFFICE OF MOTHER

City

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

19  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) D. J. Mautens M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1-8-4 19 22

Local Registrar

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