

## (1) PLACE OF BIRTH

County of Bernall  
 Township of Bernall  
 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

10036

Registration District No. 506 Registered No. 3  
 (For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 12, 1922  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Daisy Griffin  
 (9) PRESENT POSTOFFICE OF FATHER Ellenton SC  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35  
 (Years)  
 (12) BIRTHPLACE Bernall County  
 (13) OCCUPATION Farming

MOTHER.  
 (14) NAME BEFORE MARRIAGE May Core Williams  
 (15) PRESENT POSTOFFICE OF MOTHER Ellenton SC  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26  
 (Years)  
 (18) BIRTHPLACE Bernall County  
 (19) OCCUPATION Farming  
 (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 at 29 M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Leronius Bourne (24) Address of Physician or Midwife Ellenton SC

Give name added from a supplemental report

(25) Witness W. B. Lane (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 7/23/22 (28) W. H. Lane 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.