

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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.

Form No. 1

(1) PLACE OF BIRTH

County of Richland

Township of Center

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.)

(2) Full Name of Child Glenn Griffin

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? No

(5) Number in order of birth 2

(6) Are Parents Married? No

(7) DATE OF BIRTH July 2, 1922

(Name of Month) (Day) (Year)

(8) FULL NAME DK

(9) PRESENT POSTOFFICE OF FATHER DK

(10) COLOR OR RACE DK

(11) AGE AT LAST BIRTHDAY DK

(12) BIRTHPLACE DK

(13) OCCUPATION DK

(14) NAME BEFORE MARRIAGE DK

(15) PRESENT POSTOFFICE OF MOTHER DK

(16) COLOR OR RACE DK

(17) AGE AT LAST BIRTHDAY DK

(18) BIRTHPLACE DK

(19) OCCUPATION DK

(20) Number of children of this mother now living, including present birth 2

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

on the date above stated.

(23) (Signature) Lizzie Griffin

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Labour 80

Given name added from a supplemental report

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

(27) Filed July 10, 1922 (28) A. B. R. Shee Local Registrar.

Given name added from a supplemental report

19 .....

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.

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 3801

File No.—For State Registrar Only  
**36249**

Registered No. 62  
(For use of Local Registrar)

St.; ..... Ward)

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

DATE OF BIRTH July 2, 1922

(Name of Month) (Day) (Year)

MOTHER.

(14) NAME BEFORE MARRIAGE Worthy Griffin

(15) PRESENT POSTOFFICE OF MOTHER Labour 80

(16) COLOR OR RACE Cal

(17) AGE AT LAST BIRTHDAY 21

(18) BIRTHPLACE Labour 80

(19) OCCUPATION House Keeper

(20) Number of children of this mother now living, including present birth 2

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

on the date above stated.

(23) (Signature) Lizzie Griffin

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Labour 80

Given name added from a supplemental report

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

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