

Form No. 1.

(1) PLACE OF BIRTH

County of GreenwoodTownship of Marion

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

49366

Registration District W. 3. R. 1 Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child Olivia Wilborn Griffin If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Female (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? No (7) DATE OF BIRTH Feb 28 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Garfield Griffin (14) NAME BEFORE MARRIAGE Eva Butler(9) PRESENT POSTOFFICE OF FATHER Griffin (15) PRESENT POSTOFFICE OF MOTHER Griffin(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 33 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 16 (Years)(12) BIRTHPLACE Edgewood (18) BIRTHPLACE Edgewood(13) OCCUPATION Farm Laborer (19) OCCUPATION Cook and Housewife(20) Number of children born to mother, including present birth 1 - none (21) Number of children of this mother now living, including present birth 1 - none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary T. Robinson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Griffin

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 28 (28) W. D. King 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.

WHEN 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 3. McCaw, of Columbia.