

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.
 McGraw-Hill, Columbia, S. C.

(1) PLACE OF BIRTH

County of Pickens
 Township or Dacusville
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
16354

Registration District No. 3701 Registered No. 17
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child

(3) ~~Boy or~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Free (7) DATE OF BIRTH May 6 22
 (Name of Month) (Day) (Year)
 If child is not yet named, make supplemental report as directed.

FATHER
 (8) FULL NAME Edgar Griffin
 (9) PRESENT POSTOFFICE OF FATHER Dacusville
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22
 (Years)
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER
 (14) NAME BEFORE MARRIAGE Miss Harris
 (15) PRESENT POSTOFFICE OF MOTHER Dacusville
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
 (Years)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION Domestic
 (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 at M.,
 on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. M. Conner
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
M. D. Dacusville

Given name added from a supplemental report

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

(27) Filed June 11 1922 (28) H. M. Conner
 Registrar Local Registrar

*When there was no attending physician or midwife, when 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.