

**16220**

**State Board of Health**

75

11 2 1/2 1/2 If child is not yet named, make

Full Name of Child: William Ray Griffiths

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

207 6R  
B1

1 (4) Twin  
or triplet?

(g) Number in  
order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Feb, 6, 1923  
(Name of Month) (Day) (Year)

**FATHER.**

FELL  
FAM

*Macallus Gilliv.*

PRESENT  
POSTOFFICE  
OF FATHER

Rock Hill, S.C.

COLON  
 OR  
 PAGE

11

(11) AGE AT LAST BIRTHDAY 24  
(Years)

BIRTHPLACE

PLACE *London, England*

OCCUPATION

PATION  
L. J. L. L.

Number of children born to  
mother, including present birth

(14) NAME BEFORE  
MARRIAGE

Boillie, August 1)

(15) **PRESENT  
POSTOFFICE  
OF MOTHER**

Frank Miller, Jr.

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY 45  
(Years)

(18) BIRTHPLACE

PLACE

**(10) OCCUPATION**

**OCCUPATION**  
/ *1940*

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

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

(22) (Signature)

(24) State whether Physician or Midwife

.....  
 .....

on name added from a supplement

(26) Witness

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

1071 Ethel

6/4 1923 (28) 62 miles Loc

(20)

Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If the 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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