

2.—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.

(1) PLACE OF BIRTH

County of Williamsburg  
Township of Lane  
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

2704

Registration District No. 4305 Registered No. 1  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
St.; ..... Ward)

(2) Full Name of Child Daniel Griffin

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in case of Twins or Triplets (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 10<sup>th</sup> 1922  
(State of Month) (Day) (Year)

FATHER.

(8) FULL NAME Herbert Griffin

(9) PRESENT POSTOFFICE OF FATHER Balters Depot S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 47  
(Year)

(12) BIRTHPLACE Landon S.C. S.

(13) OCCUPATION Farmer Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Billy Cooper

(15) PRESENT POSTOFFICE OF MOTHER Balters Depot S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28  
(Year)

(18) BIRTHPLACE Williamsburg S.C. S.

(19) OCCUPATION Farmer Laborer

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nellie Moore

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Balters Depot S.C.

Given name added from a supplemental report

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

(27) Filed Jan 11<sup>th</sup> 1922 (28) A. B. Moseley 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.