

## (1) PLACE OF BIRTH

County of Macon  
 Township of Reaver  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29297

Registration District No. 3708Registered No. 73  
 (For use of Local Registrar)

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

(2) Full Name of Child Lillian Griffin If child is not yet named, make supplemental report as directed

4-500-00  
 (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Aug 1 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Elliott Griffin  
 (9) PRESENT POSTOFFICE OF FATHER Nichols, S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Year)  
 (12) BIRTHPLACE Lancaster  
 (13) OCCUPATION carpenter

## MOTHER

(14) NAME BEFORE MARRIAGE Margaret E. Griffin  
 (15) PRESENT POSTOFFICE OF MOTHER Nichols, S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38 (Year)  
 (18) BIRTHPLACE Manning  
 (19) OCCUPATION housewife

(20) Number of children born to mother, including present birth 8 (21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Francis Henry (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Nichols

Given name added from a supplemental report

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

(27) Filed 7-7-1923 (28) 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.