Form No. 3

(1) PLACE OF BIRTH

County of Marion

Township of Rowes

OR

Inc. Town of .....

OR

City of ..... (No. ..... St.; ..... Ward)

(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
7827

Registration District No. 3705 Registered No. 28
(For use of Local Registrar)

(2) Full Name of Child Mary Lillie Griffin

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Girl	—	—	Yes	Feb 22 1923 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME: Ernest Griffin

(9) PRESENT POSTOFFICE OF FATHER: Mullins SC

(10) COLOR OR RACE: W

(11) AGE AT LAST BIRTHDAY: 25 (Years)

(12) BIRTHPLACE: Georgetown County SC

(13) OCCUPATION: Farmer

(20) Number of children born to mother, including present birth: 1

MOTHER

(14) NAME BEFORE MARRIAGE: Dora Harrison

(15) PRESENT POSTOFFICE OF MOTHER: Mullins SC

(16) COLOR OR RACE: W

(17) AGE AT LAST BIRTHDAY: 17 (Years)

(18) BIRTHPLACE: Marion County SC

(19) OCCUPATION: Home Work

(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 11 A. M., on the date above stated.
(Born alive or stillborn) Hour A. M. or P. M.

(23) (Signature) J H Quick M.D.

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Mullins SC

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed Apr 7 1923 (28) C H McClellan
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