

(1) PLACE OF BIRTH

County of Anderson
 Township of Garnon
 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

3102

Registration District No. 315 Registered No.

(For use of Local Registrar)

(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

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 5 1922
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. J. Griffith
 (9) PRESENT POSTOFFICE OF FATHER Liberty 141
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 48 (Years)
 (12) BIRTHPLACE Greenville
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Matilda Wilbourn
 (15) PRESENT POSTOFFICE OF MOTHER Liberty 141
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40 (Years)
 (18) BIRTHPLACE Anderson
 (19) OCCUPATION Domestic

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

10

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

(23) (Signature) See Wallace

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed (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.