

## (1) PLACE OF BIRTH

County of Dorchester.Township of .....  
or  
Inc. Town of St. George  
or  
City of .....CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 1703.File No. — For State Registrar Only  
**31990**Registered No. 5-8...  
(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 Clarence Griffen 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 1 (6) Are Parents Married yes (7) DATE OF BIRTH Sept 26, 23  
(Name) (Month) (Day) (Year)

## FATHER.

(8) FULL NAME Bland Griffen(9) PRESENT POSTOFFICE OF FATHER St. George, S.C.(10) COLOR OR RACE col'd. (11) AGE AT LAST BIRTHDAY 21 (Year)(12) BIRTHPLACE Orangeburg S.C.(13) OCCUPATION mill worker(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Angie Griffen(15) PRESENT POSTOFFICE OF MOTHER St. George S.C.(16) COLOR OR RACE col'd. (17) AGE AT LAST BIRTHDAY 19 (Year)(18) BIRTHPLACE Orangeburg S.C.(19) OCCUPATION Housewife(20) 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 alive at 5 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lillie Hudson (24) State whether Physician or Midwife Midwife (25) Address of Phys. or Midwife St. George S.C.

(Given name added from a supplemental report)

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

(27) Filed Nov. 12, 23 (28) Miss Betty Fleming 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.