

Form No. 1

(1) PLACE OF BIRTH

County of Aiken
 Township of Schultz
 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
40624

Registration District No. 213 Registered No. 64
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 25 22
 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Prince Albert Griffin (14) NAME BEFORE MARRIAGE Emma Elam

(9) PRESENT POSTOFFICE OF FATHER Augusta Ga RS (15) PRESENT POSTOFFICE OF MOTHER Augusta Ga RS

(10) COLOR OR RACE Bel (11) AGE AT LAST BIRTHDAY 21 (Years) (16) COLOR OR RACE Bel (17) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE A C (18) BIRTHPLACE A C

(13) OCCUPATION Laboer - Riverside Mill (19) OCCUPATION House

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

(23) (Signature) Martha Elam

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Augusta Ga RS

Given name added from a supplemental report

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

(27) Filed 12-2-22 (28) L R Medlock

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

DEPT. OF COLUMBIA, COLUMBIA, S. C.