

(1) PLACE OF BIRTH

County of Greenville

Township of

or

Inc. Town of

or

City of Greenville

(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's Use

28426

Registration District No. 329Registered No. 469

(For use of Local Registrar)

(2) Full Name of Child Joseph Griffin Kramm

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes

(7) DATE OF BIRTH

July 1, 1923

FATHER.

(8) FULL NAME

Alfred Cleo Kramm

(9) PRESENT POSTOFFICE OF FATHER

Givelle, S. C.(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY

32

(12) BIRTHPLACE

Lis Rules - Pickens Co.

(13) OCCUPATION

Lawyer

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Miss Mary Griffin

(15) PRESENT POSTOFFICE OF MOTHER

Givelle, S. C.(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY

29

(18) BIRTHPLACE

Central, S. C.

(19) OCCUPATION

D. M.

(20) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.(Hour 10:00 A. M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

(26) Filed Sept 29, 1923

(27) 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.

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