

(1) PLACE OF BIRTH

County of **Marlboro**,.....Township of **Smithville**,...

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

46892

Registration District No. **3506**... Registered No. **11**.....

(For use of Local Registrar)

City of

(2) Full Name of Child **Elizabeth Griggers**,..... { 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 **Jan 30 / 1916**
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **R.T. Griggers**,(9) PRESENT POSTOFFICE OF FATHER **Kellock, S.C.**(10) COLOR **White**, (11) AGE AT LAST BIRTHDAY **28**
OR RACE (Years)(12) BIRTHPLACE **S.C.**(13) OCCUPATION **Farming**,(20) Number of children born to mother, including present birth **4**.....

MOTHER.

(14) NAME BEFORE MARRIAGE **Jellie McG**,(15) PRESENT POSTOFFICE OF MOTHER **Kellock, S.C.**(16) COLOR **White**, (17) AGE AT LAST BIRTHDAY **28**
OR RACE (Years)(18) BIRTHPLACE **S.C.**(19) OCCUPATION **Housework**,(21) Number of children of this mother now living, including present birth **4**.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **alive**,... at **5 A.M.**... M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) **Anita Harrington**,.....

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

Midwife, Kellock, S.C.

Given name added from a supplemental report

(26) Witness **Keller Grant**,.....
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed **Feb 3 / 1916** (28) **W. H. Priest**
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.

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.

Caw. of Columbia.