

Form No. 1

(1) PLACE OF BIRTH

County of WilkesTownship of 1

or

Inc. Town of 1

or

City of 1

(If birth occurs in a hospital or other institution, (No. of room, name of same, and street and number, Ward)

(2) Full Name of Child Hortense Elizabeth Griffin

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

(3) BOY OR GIRL G

(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

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Walter Griffin(9) PRESENT POSTOFFICE OF FATHER Wilkes S.C.(10) COLOR OR RACE B.(11) AGE AT LAST BIRTHDAY 41 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 11

MOTHER

(14) NAME BEFORE MARRIAGE Hortense Word(15) PRESENT POSTOFFICE OF MOTHER Wilkes S.C.(16) COLOR OR RACE B.(17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Griffin at 1 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Maggie Word

(24) State, whether Physician or Midwife

(25) Address, whether 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

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(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.

In case of TWINS or TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McGraw-Hill, Columbia, S. C.