

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Butler  
 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

42640

Registration District No. 2202 Registered No. 78  
 (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

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

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Dec. 10, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>J. J. Griffith</u>			14) NAME BEFORE MARRIAGE <u>Maude Hill</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C. Rt #5</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C. Rt #5</u>	
10) COLOR OR RACE <u>white</u>			16) COLOR OR RACE <u>white</u>	
11) AGE AT LAST BIRTHDAY <u>24</u> (Years)			17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
12) BIRTHPLACE <u>S.C.</u>			18) BIRTHPLACE <u>S.C.</u>	
13) OCCUPATION <u>Farmer</u>			19) OCCUPATION <u>Domestic</u>	
20) Number of children born to mother, including present birth <u>2</u>			21) Number of children of this mother now living, including present birth <u>2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 A.M.  
 on the date above stated. (Born alive or stillborn: Hour . M. or P. M.)

(23) (Signature) R. F. McIlwain M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Greenville S.C. Rt #5

Given name added from a supplement-  
 al report

(26) Witness

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

(27) Date

Jan 10 1923

(28)

J. A. Jones  
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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