

PLACE OF BIRTH

County of *Newberry*.....

Township of

City of

Street of

City of *Newberry* (No. St. Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child *Blair Lee Griffin*

Sex *M* (1) Male (2) Female

Age at Birth *13* (1) Twin or Triplet? (2) Number in order of birth (3) Are Parents Married? (4) DATE OF BIRTH *Dec 24 23* (5) Month (Day) (Year)

FATHER *Francis Arthur Griffin*

MOTHER *Mary Lee Lee*

PRESENT POSTOFFICE OF FATHER *Newberry SC*

PRESENT POSTOFFICE OF MOTHER *Newberry SC*

COLOR OR RACE *wh*

BIRTHPLACE *SC*

OCCUPATION *Attorney at Law*

AGE AT LAST BIRTHDAY *32* (Years)

NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* (Hour *11:30* A. M. or P. M.) on the date above stated.

(23) (Signature) *M. L. Lee*

(24) State whether Physician or Midwife *Physician* Address of Physician or Midwife *Newberry SC*

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

(26) File No. *4* (27) *H. L. Cunningham* Local Registrar

attending physician or midwife, then the father, householder, etc., should make this return. If on once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

21924

Registration District No. *24* A Registered No. *99* (For use of Local Registrar)

City of *Newberry* (No. St. Ward)

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