

(1) PLACE OF BIRTH

County of CharlestonTownship of St. James SouthInc. Town of Wm. Cliftonville

City of

(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

27562

Registration District No. 71 Registered No. 75

(For use of Local Registrar)

(2) Full Name of Child Robert Victor 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 Twins or Triplets

(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept. 15, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Griffin Victor(9) PRESENT POSTOFFICE OF FATHER Wm. Cliftonville(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 7 (Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Way Sector(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Wm. Green(15) PRESENT POSTOFFICE OF MOTHER Wm. Cliftonville(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 15 (Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Wm. Green(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. Green(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Wm. Cliftonville

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept. 25, 1923 (28) Wm. Green 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.