

1. PLACE OF BIRTH

County of

Township of

In Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2285

Registration District No. 372.6

Registered No. 2

(For use of Local Registrar)

(No. _____) (Street _____) (City _____) (State _____) (Year _____)

If birth occurs in a hospital or other institution, give name of same instead of street and number.

2. Full Name of Child: Shumondy Griffin If child is not yet named, make supplemental report as directed

(4) Twin or triplet? 2 (5) Number in order of birth 1

To be answered only in case of twins or triplets

(6) Sex Male(7) DATE OF BIRTH Jan. 19, 22 (Year) 1922

FATHER.

MOTHER.

(8) FULL NAME Mr. R. K. Griffin(14) NAME BEFORE MARRIAGE Mr. R. K. Griffin(9) PRESENT RESIDENCE OF FATHER Pickens S.C.(15) PRESENT POSTOFFICE OF MOTHER Pickens S.C.(10) COLOR Black (11) AGE AT LAST BIRTHDAY 37 (Years)(16) COLOR Black (17) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Pickens S.C.(18) BIRTHPLACE Pickens S.C.(13) OCCUPATION Day Labor(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 11(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature) P. C. Woodruff(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pickens S.C.

Given name added from a supplemental report.

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

(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.