

## (1) PLACE OF BIRTH

County of *Newberry*Township of *No. 11*OF  
Inc. Town of

City of

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

(2) Full Name of Child *David William Griffen*File No.—For State Registrar Only  
*8548*Registration District No. *3404*Registered No. *19*  
(For use of Local Registrar)

(3) BOY OR GIRL

*Male*

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Age Parents Married

*Yes*

(7) DATE OF BIRTH

*Jan 30 1925*

## FATHER

(8) FULL NAME

*William Griffen*

(9) PRESENT POSTOFFICE OF FATHER

*Pomaria R.F.D.*

(10) COLOR OR RACE

*Black*(11) AGE AT LAST BIRTHDAY *31*

(12) BIRTHPLACE

*Sc.*

(13) OCCUPATION

*Farmer*

(20) Number of children born to mother, including present birth

*3*

## MOTHER

(14) NAME BEFORE MARRIAGE

*Bertha Griffen*

(15) PRESENT POSTOFFICE OF MOTHER

*Pomaria R.F.D.*

(16) COLOR OR RACE

*Black*(17) AGE AT LAST BIRTHDAY *29*

(18) BIRTHPLACE

*Sc.*

(19) OCCUPATION

*Domestic*

(21) Number of children of this mother now living, including present birth

*3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

*Vivian Ruff*

(24) State whether Physician or Midwife

*Midwife*

(25) (Signature of Physician or Midwife)

*Pomaria R.F.D.*

(Given name added from a supplemental report)

(26) WITNESS

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

(27) Local Registrar

*Mar 11 1925 R. J. Johnson*

\*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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B-2—In case of TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

RECEIVED BY COLUMBIA, S. C.