

## (1) PLACE OF BIRTH

County of DurhamTownship of George

or

Inc. Town of

or

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

46059

Registration District No. 1705 Registered No. 6

(For use of Local Registrar)

(2) Full Name of Child Maggie Lee Griffith If child is not yet named, make supplemental report as directed(3) ~~Female~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 1st 1916 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Sam Richardson(9) PRESENT POSTOFFICE OF FATHER St George(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Burke Co.(13) OCCUPATION Ham Hand(14) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Griffith(15) PRESENT POSTOFFICE OF MOTHER St George(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Calhoun Co.(19) OCCUPATION Ham Hand(20) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was female at St. George M. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Elyse Brown(23) State whether Physician or Midwife (24) Address of Physician or Midwife St. George

When name added from a supplemental report

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

(26) Dated Aug 3rd 1916 (27) E. L. Griffith Registrar

If there is no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born even once, it must be reported as stillborn. No report is desired of stillbirths before the birth month of pregnancy.