

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Form No. 1

(1) PLACE OF BIRTH

County of Saluda

Township of 5

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.)

(2) Full Name of Child Ernest Carol Griffith

File No.—For State Registrar Only

139-22-051100

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 39.04 Registered No. 9
(For use of Local Registrar)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 18, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Maurice A. Griffith

(9) PRESENT POSTOFFICE OF FATHER Saluda R. 2 S.B.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
(Years)

(12) BIRTHPLACE S.B.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Winnie B. Mack

(15) PRESENT POSTOFFICE OF MOTHER Saluda R. 2 S.B.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
(Years)

(18) BIRTHPLACE S.B.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. D. Waters

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Saluda S.B.

Given name added from a supplemental report

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

(27) Filed Mar. 7, 1923 (28) Mrs. Matilda Kirkland 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.

AFFIDAVIT NEXT FRAME

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