

## (1) PLACE OF BIRTH

County of BlountTownship of Calhounor  
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

24017

Registration District No. 1201 Registered No. 33  
(For use of Local Registrar)(2) Full Name of Child Louis Wilkinson Griffin If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet Twin (5) Number in order of birth 1 (6) Parents Married Yes (7) DATE OF BIRTH 8 13 23  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James W. Griffin(9) PRESENT POSTOFFICE OF FATHER Paxville, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 49  
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 18

## MOTHER.

(14) NAME BEFORE MARRIAGE Lessie Brown(15) PRESENT POSTOFFICE OF MOTHER Paxville, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34  
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Dr. J. H. Hunter (24) Address of Physician or Midwife Paxville, S.C.

Given name added from a supplemental report

(25) Witness Mary M. Brown (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 10 19 23 (28) C. S. Griffin 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.