

## (1) PLACE OF BIRTH

County of UnionTownship of Across KeysInc. Town of S.E.City of S.E.  
(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

74999

Registration District No. 4200 Registered No. 41  
(For use of Local Registrar)(2) Full Name of Child Lillie Mae Grippin If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 31 1914  
(Name of Month) (Day) (Year)FATHER.  
(8) FULL NAME Walter Grippin  
(9) PRESENT POSTOFFICE OF FATHER Union Co RFD 2  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26 (Years)  
(12) BIRTHPLACE Union Co  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth { 5MOTHER.  
(14) NAME BEFORE MARRIAGE Marthy Maye  
(15) PRESENT POSTOFFICE OF MOTHER Union Co Rte 2  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24 (Years)  
(18) BIRTHPLACE Union Co  
(19) OCCUPATION Farmer wife  
(21) Number of children of this mother now living, including present birth { 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Tilly Humphries  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Across Keys S.E.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness Chair Mosley  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 191 (28) Dr. Mosley 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N.B.—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.

McCaw, of Columbia.