

## (2) PLACE OF BIRTH

County of Brockland  
 Township of Cumtary  
 or  
 Inc. Town of  
 or  
 City of

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

8979

Registration District No. 38.01Registered No. 9  
(For use of Local Registrar)

(2) Full Name of Child Leota Griffin (No.        St.        Ward       )  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Leota Griffin 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 2 (6) No Parents Married? Yes (7) DATE OF BIRTH Jan 28 1922  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Andrew Griffin</u>	(14) NAME BEFORE MARRIAGE <u>Ella Sinks</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Estow 8.P.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Estow 8.P.</u>
(10) COLOR OR RACE <u>Col</u>	(16) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(12) BIRTHPLACE <u>Brockland Co 8.P.</u>	(18) BIRTHPLACE <u>Winking 8 P.</u>	(13) OCCUPATION <u>Farm hand</u>	(19) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Cherry at 4 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Violet Branch  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Estow 8.P.

Given name added from a supplemental report

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

(27) File Feb 2 1922 (28) A.B. C. Sheff 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.