

Form No. 1

(1) PLACE OF BIRTH

County of FairfieldTownship of it

OR

Inc. Town of

OR

City of (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

John Blavard McGriff

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Sept 22 1903
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Freeman McGriff

(9) PRESENT POSTOFFICE OF FATHER

Winnabero

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

23
(Years)

(12) BIRTHPLACE

Fairfield Co

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Rose McGriff

(15) PRESENT POSTOFFICE OF MOTHER

Winnabero

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

23
(Years)

(18) BIRTHPLACE

Fairfield Co

(19) OCCUPATION

Field hand

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

{

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

{

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) Samuel Cantor

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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(28)

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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.