

Form No. 1

(1) PLACE OF BIRTH

County of Marion
 Township of Briston Neck
 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

43620

Registration District No. 3200Registered No. 72
(For use of Local Registrar)

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

3) BOY OR GIRL? girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 27, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Allen Griffin(9) PRESENT POSTOFFICE OF FATHER Gresham S.C.(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Griffin(15) PRESENT POSTOFFICE OF MOTHER Gresham S.C.(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Francis Rogers(24) State whether Physician or Midwife 11 (25) Address of Physician or Midwife Gresham S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 30, 1922 (28) W. J. Dorian
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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark with FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MOGAW OF COLUMBIA, COLUMBIA, S. C.