

(1) PLACE OF BIRTH

County of GreenwoodTownship of Wadingor
Inc. Town of Wadingor
City of Wading

(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

43165

Registration District No. 23/3 Registered No. 31

(For use of Local Registrar)

(2) Full Name of Child Grace Ann Griffin If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Nov. 3, 1914

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Griffin(9) PRESENT POSTOFFICE OF FATHER Greenwood, S.C.(10) COLOR OR RACE Race (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Abbeville County(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Lee Holliday(15) PRESENT POSTOFFICE OF MOTHER Greenwood, S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Abbeville County(19) OCCUPATION house-keeping(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. H. Wharton(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Greenwood, S.C. R. 2

Given name added from a supplemental report

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

(27) Filed Jan 8, 1915 (28) L. R. Brooks 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.

REGISTRAR

LOCAL REGISTRAR

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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.

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N. B. McCaw, of Columbia.

McCaw