

## (1) PLACE OF BIRTH

County of *Laurin Co.*Township of *Jacks*

Inc. Town of .....

City of .....

(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

Registration District No. *2403*

File No. — For State Registrar Only

8202

Registered No. *11*  
(For use of Local Registrar)(2) Full Name of Child *Sibbie Griffin*

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

|   |                                 |                              |                                     |  |
|---|---------------------------------|------------------------------|-------------------------------------|--|
| (3) <del>Boy or</del> GIRL? <i>girl</i> | (4) Twin or Triplet? <i>one</i> | (5) Number in order of birth | (6) Are Parents Married? <i>yes</i> | (7) DATE OF BIRTH <i>Feb 11 1922</i><br>(Name of Month) (Day) (Year) |
|---|---------------------------------|------------------------------|-------------------------------------|--|

## FATHER.

(8) FULL NAME *John Griffin*(9) PRESENT POSTOFFICE OF FATHER *Clinton SC*(10) COLOR OR RACE *black* (11) AGE AT LAST BIRTHDAY *49* (Years)(12) BIRTHPLACE *Newberry SC*(13) OCCUPATION *Farming*(20) Number of children born to mother, including present birth *1-8*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Sibbie Deetingburg*(15) PRESENT POSTOFFICE OF MOTHER *Clinton*(16) COLOR OR RACE *black* (17) AGE AT LAST BIRTHDAY *36* (Years)(18) BIRTHPLACE *Newberry SC*(19) OCCUPATION *Farming*(21) Number of children of this mother now living, including present birth *1-8*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *12 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *midwife*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Juanita Brown**Clinton SC*

Given name added from a supplemental report

(26) Witness

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

(27) Date

*Mar 15 1922*

(28) Local Registrar

*Ditopoland*

\*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.