

(3) PLACE OF BIRTH

CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA

File No.—For State Registrar Only

(1) PLACE OF BIRTH.

County of York
Township of
or
Inc. Town of
or
City of

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

Registration District No. 7-0-6

File No.—For State Registrar Only

18857

Registered No. 7-5
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of institution, name of street and number.)
(No. St. Ward)

(2) Full Name of Child Anna Patricia Griffin
If child is not yet named, make supplemental report as directed(3) BOY OR GIRL g

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes

DATE OF BIRTH

Jan 20 1923
(Month) (Day) (Year)

(7) FULL NAME

Charles Griffin

(8) PRESENT POSTOFFICE OF FATHER

West / known(9) COLOR OR RACE W.

(10) AGE AT LAST BIRTHDAY

25
(Years)

(11) BIRTHPLACE

N.C.

(12) OCCUPATION

Laborer

(13) NAME OF MOTHER

Anna Griffin

(14) PRESENT POSTOFFICE OF MOTHER

York S.C.(15) COLOR OR RACE W.

(16) AGE AT LAST BIRTHDAY

25
(Years)

(17) BIRTHPLACE

S.C.

(18) OCCUPATION

Domestic

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born on the date above stated.
(Days above or stillborn) (Hour A. M. or P. M.)(22) (Signature) L. H. Grady

(23) State whether Physician or Midwife

(24) Address York S.C.

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed

(27)

19
Registrar

Local Registrar

Householder or should make this return.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 2 of Colorado, Columbia, S. C.