

## (1) PLACE OF BIRTH

County of Wm. PerryTownship of King

or

Inc. Town of .....

or

City of .....

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Iena Griffie

File No. — For State Registrar Only

32611

Registration District No. 4302 Registered No. 66  
(For use of Local Registrar)(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 5, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Sam Griffie(9) PRESENT POSTOFFICE OF FATHER Kingston(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 48  
(Year)(12) BIRTHPLACE Wm. Perry(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Jane Hancock(15) PRESENT POSTOFFICE OF MOTHER Kingston(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 31  
(Year)(18) BIRTHPLACE Wm. Perry(19) OCCUPATION Housekeeper(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rosa Wilson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kingston

Given name added from a supplemental report

(26) Witness Sam Griffie  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept. 21, 1922 (28) R. B. Baker  
Registrar 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.