

## (1) PLACE OF BIRTH

County of CritterTownship of Breago

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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

24485

Registration District No. 204Registered No. 59  
(For use of Local Registrar)(2) Full Name of Child. Robert Griffin

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Aug. 14, 1922  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

Frank George Griffin

(9) PRESENT POSTOFFICE OF FATHER

Graniteville S.C.(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 21  
(Years)

(12) BIRTHPLACE

Graniteville S.C.

(13) OCCUPATION

Cotton mill

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

{ 2 }

## MOTHER

(14) NAME BEFORE MARRIAGE

Maria Clayton

(15) PRESENT POSTOFFICE OF MOTHER

Graniteville S.C.(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 21  
(Years)

(18) BIRTHPLACE

Graniteville S.C.

(19) OCCUPATION

Housewife

(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 3 o'clock P.M. on the date above stated.  
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) H. E. Loretta Burt

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeGraniteville S.C.

Given name added from a supplemental report

..... 191....

Registrar

(26) Witness

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

(27) Filed

Aug 21, 22 W. R. Turnbull, R.S., M.D.  
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.

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