

(1) PLACE OF BIRTH

County of Sumter
 Township of Privateer
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

16906

Registration District No. 4110X Registered No. 69
 (For use of Local Registrar)

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

(2) Full Name of Child Lawrence Griffin If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 5 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Nathan Griffin

(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 46
 (Year)

(12) BIRTHPLACE Sumter Co

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1 seven

MOTHER.

(14) NAME BEFORE MARRIAGE Clemmie Ingram

(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 39
 (Year)

(18) BIRTHPLACE Sumter Co

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 1 six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State, whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(28)

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.