

(1) PLACE OF BIRTH

County of Laurin
 Township of Young
 OF
 Inc. Town of
 OF
 City of at home

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

21707

Registration District No. 2418Registered No. 34
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child

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 3/14/23
 (Name of Month (Day) (Year))

FATHER.

(8) FULL NAME John A. Griffer
 (9) PRESENT POSTOFFICE OF FATHER Unionville
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Year)
 (12) BIRTHPLACE Spartanburg County
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Carley Bishop
 (15) PRESENT POSTOFFICE OF MOTHER Unionville
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Year)
 (18) BIRTHPLACE Spartanburg County
 (19) OCCUPATION on a farm

(20) Number of children born to mother, including present birth 10(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Marion A. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Unionville

(Give name added from a supplemental report)

(26) Witness Wm. C. ...

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

(27) Filed 8/10 19 23

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.