

Form No. 1

(1) PLACE OF BIRTH

County of Anderson
 Township of Williamston
 or
 Inc. Town of Pelzer
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

13541

Registration District No. 3 DRegistered No. 74
(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

1. BOY OR GIRL Male 2. Twin or Triplet? No 3. Number in order of birth 1st 4. Are Parents Married? Yes 5. DATE OF BIRTH May 8, 22
 To be answered only in event of Twin or Triplet BIRTH (Name of Month) (Day) (Year)

FATHER

6. FULL NAME Floyd E. Griffen7. PRESENT POSTOFFICE OF FATHER Greenville SC8. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)9. BIRTHPLACE Pelzer SC10. OCCUPATION Labork in clothing store20. Number of children born to mother, including present birth One

MOTHER

14. NAME BEFORE MARRIAGE Marrie Bohannon15. PRESENT POSTOFFICE OF MOTHER Greenville SC16. COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)18. BIRTHPLACE Greenville County19. OCCUPATION Domestic21. Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. R. Bundy(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pelzer SC

Given name added from a supplemental report

(26) Witness

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

(27) June 7, 1922 (28) W. L. L. L. L. 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 sixth month of pregnancy.