

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenwood</u>		STATE OF SOUTH CAROLINA		4481	
Township of <u>Winwards</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>2308</u>		Registered No. <u>1</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Olivia Griffin</u>		If child is not yet named, make supplemental report as directed			
(3) <u>Boy</u> or <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Jan 1st</u> 19 <u>22</u>	
To be answered only in event of Twins or Triplets				(Month) (Day) (Year)	
FATHER.		MOTHER.			
(8) FULL NAME <u>Unknown</u>	(14) NAME BEFORE MARRIAGE <u>Eliza Griffin</u>				
(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER <u>Dixie St.</u>				
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY		
(12) BIRTHPLACE	(Years)	(18) BIRTHPLACE <u>Greenwood, S.C.</u>	(Years)		
(13) OCCUPATION		(19) OCCUPATION			
(20) Number of children born to mother, including present birth	(21) Number of children of this mother now living, including present birth				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was, <u>Born alive</u> , at <u>12 P.M.</u> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Marie Johnson</u>					
(24) State whether <u>Physician</u> or Midwife					
(25) Address of Physician or Midwife <u>Dixie St. S.C.</u>					
Given name added from a supplemental report					
(26) Witness <u>Louise C. Gary</u>					
(Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Male</u> <u>8</u> 19 <u>22</u> (28) <u>Louise C. Gary</u> Local Registrar.					
19					
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.					