

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child S. H. Griffin(3) BOY OR
GIRL? Boy(4) Twin
or Triplet?(5) Number in
order of birth

(To be answered only in case of Twins or Triplets)

(6) Are
Parents
Married? yes(7) DATE OF
BIRTH Feb. 17, 1927

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME James Griffin(9) PRESENT
POSTOFFICE
OF FATHER Durham, S.C.(10) COLOR
OR
RACE Black(11) AGE AT LAST
BIRTHDAY 32

(Years)

(12) BIRTHPLACE Laurens Co.,(13) OCCUPATION Farming(14) Number of children born to
mother, including present birth 6

MOTHER.

(14) NAME BEFORE
MARRIAGE Eva Young(15) PRESENT
POSTOFFICE
OF MOTHER Durham, S.C.(16) COLOR
OR
RACE Black(17) AGE AT LAST
BIRTHDAY 26

(Years)

(18) BIRTHPLACE Laurens Co.,(19) OCCUPATION Housekeeping(20) Number of children of this mother
now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive, at S. C.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Mary Todd

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Durham, S.C.Given name added from a supplement-
al report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed)(27) Filed 4/10/27

(28)

Local Registrar.

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.