

WHITE 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 <i>Richland</i> | | STATE OF SOUTH CAROLINA | | 16511 | |
| Township of | | Bureau of Vital Statistics | | | |
| or | | State Board of Health | | | |
| Inc. Town of | | Registration District No. <i>3800</i> | | Registered No. <i>24</i> | |
| or | | | | (For use of Local Registrar) | |
| City of | | (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 <i>James Griffin</i> (If child is not yet named, make supplemental report as directed) | | | | | |
| (3) BOY OR GIRL? <i>boy</i> | (4) Twin or Triplet? <i>To be answered only in event of Twins or Triplets</i> | (5) Number in order of birth | (6) Parents Married? <i>yes</i> | (7) DATE OF BIRTH <i>May 18, 22</i> (Name of Month) (Day) (Year) | |
| FATHER. | | | MOTHER. | | |
| (8) FULL NAME <i>Philip Griffin</i> | | | (14) NAME BEFORE MARRIAGE <i>Ella Egobir</i> | | |
| (9) PRESENT POSTOFFICE OF FATHER <i>Blythe Wood</i> | | | (15) PRESENT POSTOFFICE OF MOTHER <i>Blythe Wood</i> | | |
| (10) COLOR OR RACE <i>col</i> | | | (11) AGE AT LAST BIRTHDAY <i>22</i> (Years) | | |
| (12) BIRTHPLACE <i>Richland</i> | | | (16) COLOR OR RACE <i>col</i> | | |
| (13) OCCUPATION <i>Farmer</i> | | | (17) AGE AT LAST BIRTHDAY <i>22</i> (Years) | | |
| (18) BIRTHPLACE <i>Richland S.C.</i> | | | (19) OCCUPATION <i>House wife</i> | | |
| (20) Number of children born to mother, including present birth <i>2</i> | | | (21) Number of children of this mother now living, including present birth <i>2</i> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was <i>alive</i> at <i>.....</i> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) | | | | | |
| (23) (Signature) <i>Sallie Boulware</i> | | | | | |
| (24) State whether Physician or Midwife <i>Midwife</i> | | | | | |
| (25) Address of Physician or Midwife <i>College Place</i> | | | | | |
| Given name added from a supplemental report | | | (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) | | |
|, 19..... Registrar | | | (27) Filed <i>May 30, 22</i> (28) <i>W. M. Lean</i> 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.