

NOTE: 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 1.

(1) PLACE OF BIRTH

County of Abbeville
 Township of Down Mail
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
26797

Registration District No. (D. 4) Registered No. 4. J.
 (For use of Local Registrar)

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

(2) Full Name of Child Ross Griffin If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Male (4) Twin or Triplet X (5) Number in order of birth 5 (6) Age Parents Married 26 (7) DATE OF BIRTH Sept. 20, 1923
 (Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>Ross Griffin</u>		(14) NAME BEFORE MARRIAGE	<u>Cora Ellis</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Hanes Path & Co</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Hanes Path & Co</u>	
(10) COLOR OR RACE	<u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>45</u> (Year)	(16) COLOR OR RACE	<u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>44</u> (Year)
(12) BIRTHPLACE	<u>Abbeville S.C.</u>		(18) BIRTHPLACE	<u>Abbeville S.C.</u>	
(13) OCCUPATION	<u>Farmer</u>		(19) OCCUPATION	<u>House Wife</u>	
(20) Number of children born to mother, including present birth	<u>1</u>		(21) Number of children of this mother now living, including present birth	<u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 8:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane Williams
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Abbeville S.C.

(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 Oct 5, 1923 (28) J. H. Brantley 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.