(1) PLACE OF BIRTH

County of Sumter

Township of .....
or
Inc. Town of Sumter
or
City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
79412

Registration District No. 41a Registered No. 189
(For use of Local Registrar)

(No. 2 Haskell St.; 2 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Van Clea Parrott Warren — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy			Yes	Sept. 25 1916 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME: George C. Warren

(9) PRESENT POSTOFFICE OF FATHER: Sumter, S.C.

(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE: Maysville, S.C.

(13) OCCUPATION: Mfgr

(20) Number of children born to mother, including present birth: two

MOTHER.

(14) NAME BEFORE MARRIAGE: Mable C. Parrott

(15) PRESENT POSTOFFICE OF MOTHER: Sumter, S.C.

(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE: Sumter, S.C.

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living, including present birth: two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 45 A.M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Arlie Olma M.D. Physician or Midwife

(24) State whether Physician

(25) Address of Physician or Midwife Sumter S.C.

Given name added from a supplemental report .....
..... 19 ....
Registrar

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

(27) Filed Oct. 10 1916 (28) W. J. McLagen 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.

McCAW OF COLUMBIA, S. C.