Form No. 1

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

(1) PLACE OF BIRTH

County of _Laurens_

Township of _Youngs_

or
Inc. Town of .... Registration District No. _298_ ..... Registered No. _34_
(For use of Local Reistrar)

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

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

| (3) BOY OR GIRL? _Girl_ | (4) Twin or Triplet? ✓ To be answered only in event of Twins or Triplets | (5) Number in order of birth _7_ | (6) Are Parents Married? _yes_ | (7) DATE OF BIRTH _June_, _6_ 1916 (Name of Month) (Day) (Year) |

FATHER.	**MOTHER.**
(8) FULL NAME _Warren Crane_	(14) NAME BEFORE MARRIAGE _Lula Nellie Rodgers_
(9) PRESENT POSTOFFICE OF FATHER _Ft Inn S.C. R #2_	(15) PRESENT POSTOFFICE OF MOTHER _Ft Inn S.C. R 2_
(10) COLOR OR RACE _White_ (11) AGE AT LAST BIRTHDAY _35_ (Years)	(16) COLOR OR RACE _White_ (17) AGE AT LAST BIRTHDAY _22_ (Years)
(12) BIRTHPLACE _Oconee Co._	(18) BIRTHPLACE _Macon, Georgia._
(13) OCCUPATION _Farming_	(19) OCCUPATION _Housework._
(20) Number of children born to mother, including present birth { _7_	(21) Number of children of this mother now living, including present birth { _4_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was _alive_ at _10. A.M._,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) _Jas. A. Thomason_

(24) State whether Physician or Midwife _Physician_ | (25) Address of Physician or Midwife _Ft Inn S.C._

Given name added from a supplemental report

.........................., 191....

.........................., Registrar

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

(27) Filed _6/10_ 191.6. (28) _R G Harris_
Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathas even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.