

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

535

160

County of Chas.Township of Chas.In Town of Chas.City of Chas.

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

Registration District No. 9 ARegistered No. 160

(For use of Local Registrar)

(2) Full Name of Child Ella Warren

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>G</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 20 1913</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>John Warren</u>			(14) NAME BEFORE MARRIAGE <u>Annie Burns</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Chas. S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Chas. S.C.</u>	
(10) COLOR OR RACE <u>C</u>	(11) AGE AT LAST BIRTHDAY <u>18</u> (Years)	(16) COLOR OR RACE <u>C</u>	(17) AGE AT LAST BIRTHDAY <u>15</u> (Years)	
(12) BIRTHPLACE <u>N.C.</u>			(18) BIRTHPLACE <u>Whiterville N.C.</u>	
(13) OCCUPATION <u>Labourer</u>			(19) OCCUPATION <u>Domestic</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 alive on Jan 20 1913 at Chas. S.C. (Name of child or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Dr. J. H. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 2/3 1913 (28) Registrar J. H. Smith

\*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.

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