

(1) PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town ofCity of Columbia

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38 BRegistered No. 235
(For use of Local Registrar)(2) Full Name of Child Janita Warren

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

(3) BOY OR GIRL girl (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Sept 22 1923
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Elmer Warren(9) PRESENT POSTOFFICE OF FATHER Columbia(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40
(Year)(12) BIRTHPLACE Colhoun County(13) OCCUPATION Washman(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Lanning(15) PRESENT POSTOFFICE OF MOTHER Columbia(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 33
(Year)(18) BIRTHPLACE Colhoun County(19) OCCUPATION Housewife(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 Born alive at 2:21 AM.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Pater E. Roadhouse(24) State whether Physician or Midwife midwife (25) Address of Physi- Edgewood, P. O.Given name added from a supplement-
tal report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Oct. 2 1923 (28) C. J. Sloan
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.