

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29061

## (1) PLACE OF BIRTH

County of BerkleyTownship of W. S. S. S. S. S.

Inc. Town of.....

OR

City of.....

Registration District No. 701 Registered No. 51  
(For use of Local Registrar)(No. .... St.; .... Ward;  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Thomas Warren

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 15, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Warren(9) PRESENT POSTOFFICE OF FATHER Monks Corner S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 32  
(Year)(12) BIRTHPLACE Berk. Co.(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 14

## MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Peace(15) PRESENT POSTOFFICE OF MOTHER Monks Corner S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 33  
(Year)(18) BIRTHPLACE Berk County(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 13

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hattie Peace(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Monks Corner S.C.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 30, 1922 (28) R. H. Harrison  
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.

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the  
N. B.—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 5.