

FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 8.  
REG. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
County of Clarendon  
Township of Rowington  
OF  
Inc. Town of Fountain S.C.  
OF  
City of \_\_\_\_\_  
(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

File No. — For State Registrar Only  
**19602**

Registration District No. 1900 Registered No. 8  
(For use of Local Registrar)  
(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

3) BOY OR GIRL Girl 4) Twin or Triplet? \_\_\_\_\_ 5) Number in order of birth \_\_\_\_\_ 6) Are Parents Married? Yes 7) DATE OF BIRTH 5/18 1922  
(Name of Month) (Day) (Year)

**FATHER**

8) FULL NAME Cyrus Warren  
9) PRESENT POSTOFFICE OF FATHER Fountain S.C.  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 91 (Year)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farm laborer  
(20) Number of children born to mother, including present birth 5

**MOTHER**

(14) NAME BEFORE MARRIAGE Ardena Riney  
(15) PRESENT POSTOFFICE OF MOTHER Fountain S.C.  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24 (Year)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 5

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Clyde A. Hunter  
(24) State whether Physician or midwife \_\_\_\_\_ (25) Address of Physician or Midwife Fountain S.C.

Given name added from a supplemental report \_\_\_\_\_  
\_\_\_\_\_ 19 \_\_\_\_\_ Registrar

(26) Witness W. H. Hunt (Signature of Witness necessary only when question 23 is signed by mark)  
(27) 5/18 1922 (28) W. H. Hunt 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 be reported as stillborn. No report is desired of stillbirths before the 6th month of pregnancy.