

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.
 Sec. of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Clarendon
 Township of Beaufort
 OR
 Inc. Town of Fountain
 OR
 City of _____

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. 1300 Registered No. 8
 (For use of Local Registrar)

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

(2) Full Name of Child Rosa Warren

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? _____	(5) Number in order of birth _____	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 8 1922</u> (Name of Month) (Day) (Year)
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FATHER

(3) FULL NAME Cyrus Warren
 (9) PRESENT POSTOFFICE OF FATHER Fountain S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 31 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farm laborer
 (20) Number of children born to mother, including present birth 5

MOTHER

(10) NAME BEFORE MARRIAGE Ardena Rimsy
 (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. (Hour, A. M. or P. M.)

(23) (Signature) Cliff Austin
 (24) State whether Physician or midwife M.D. (25) Address of Physician or Midwife Fountain S.C.

Given name added from a supplemental report

(26) Witness W. H. Smith
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Feb 8 1922 (28) W. H. Smith
 Registrar 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 fourth month of pregnancy.