

(1) PLACE OF BIRTH
 County of Florence
 Township of 11
 or
 Inc. Town of _____
 or
 City of Florence (No. 109 N. McFarland St.; 1 Ward)
 (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
45176

Registration District No. 20-A Registered No. 5
 (For use of Local Registrar)

2) Full Name of Child (unnamed Dead) Warr If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>no</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE BIRTH <u>Jan 6 6</u> <small>Name of Month (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Jalio Boyd Warr</u>	(14) NAME BEFORE MARRIAGE <u>Lillian Hazel Butler</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Florence S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Florence S.C.</u>			
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Florence S.C.</u>	(18) BIRTHPLACE <u>Darlington S.C.</u>			
(13) OCCUPATION <u>Carpenter</u>	(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 A. M. on the date above stated. (Born alive (or) stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. P. Lucas
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Florence S.C.

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

(27) Filed Jan 7 6 (28) C. C. Craft M.D. 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.

Registrar 1 Local Registrar _____

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WHEN NECESSARY, WITH PAYING FEE—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use SEPARATE BLANKS for each child, and mark the FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in question 5.
 McCaw, of Columbia
 N. B. McCaw