

(1) PLACE OF BIRTH

County of Charleston
 Township of Radmalaw

or
 Inc. Town of

City of (No.) Registration District No. 918 Registered No. 12
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (For use of Local Registrar)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH March 26
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jake Warren
 (9) PRESENT POSTOFFICE OF FATHER Martin Point S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 38 (Years)
 (12) BIRTHPLACE Idaho
 (13) OCCUPATION Child Care
 (14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Draton
 (15) PRESENT POSTOFFICE OF MOTHER Martin Point S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE Idaho
 (19) OCCUPATION Domestic Labor
 (20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born live at 7 P.M.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Marie Draton
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Idaho

Given name added from a supplemental report

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

(27) Filed Mar 7 1914 (28) J. H. Armstrong 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.