

FORM NO. 3.

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town 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 —  
77372

Registration District No. 2800

Registered No. 34  
(For use of Local Registrar)

## (2) Full Name of Child

Everline Warner

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

(3) <del>OR</del> GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH	(8) NAME BEFORE MARRIAGE
	To be answered only in case of Twins or Triplets			1926 MAY 24 (Name of Month) (Day) (Year)	Savannah Carter
FATHER.			MOTHER.		
(8) FULL NAME			(12) NAME BEFORE MARRIAGE		
Hughes Warner			Savannah Carter		
(9) PRESENT POSTOFFICE OF FATHER			(13) PRESENT POSTOFFICE OF MOTHER		
Bradley SC			Bradley SC		
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	(14) COLOR OR RACE	(15) AGE AT LAST BIRTHDAY		
Black	22 (Years)	Black	19 (Years)		
(12) BIRTHPLACE			(16) BIRTHPLACE		
Abbeville Co SC			Murrenwood Co SC		
(13) OCCUPATION			(17) OCCUPATION		
Farmer			Farmer Wife		
(20) Number of children born to mother, including present birth			(21) Number of children of this mother now living, including present birth		
1			1		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at born alive or stillborn at Hour A. M. or P. M.  
on the date above stated.(23) (Signature) Eaton & Spradell  
(24) State whether Physician or Midwife (25) Address of Physician or MidwifeGiven name added from a supplement-  
tal report(26) Witness Signature of witness necessary only  
when question 23 is signed by mother(27) Filed 1812 (28) 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.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.  
McGraw, of Columbia.