

22 049471

FILE No.—For State Registrar Only
1870

1. PLACE OF BIRTH
 County of Richland
 Township of
 or
 Inc. Town of
 or
 City of Columbia, S.C. (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 38-A Registered No.
 (For use of Local Registrar)

2. FULL NAME OF CHILD Josie Alleen Warren
 (If child is not yet named, make supplemental report as directed.)

3. Boy or Girl Girl If Plural births 4. Twin, triplet or other..... 5. Number, in order of birth.....
 6. Premature..... Full term..... 7. Are Parents Married? YES 8. Date of Birth Sept. 1 19 22
 (Month, day, year)

9. Full name FATHER Joseph Abraham Warren 18. Name before marriage MOTHER Mary A. Meitze

10. Residence (mailing address) 713 7th St. Columbia, S.C. 19. Residence (mailing address) 713 7th St. Columbia, S.C.
 (If non-resident, give place and State) (If non-resident, give place and State)

11. Color or race White 12. Age at child's birth 24 (years) 20. Color or race White 21. Age at child's birth 26 (years)

13. Birthplace (city or place) Colleton County, S.C. 22. Birthplace (city or place) Richland County, S.C.
 (State or country) (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Textile 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Textile

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work
 19..... 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work
 19.....

27. Number of children of this mother (At time of birth and including this child) 2 (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn.....

28. If stillborn, period of gestation months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was b. alive at 11 A. m. on the date above stated.
 (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) J. A. Warren Parent
 or Guardian

Given name added from a supplementary report.....
 (Date of)

Address
 Filed Nov. 4, 1939 M. B. Woodward, M. D.
 Registrar.

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)