Form No. 3

(1) PLACE OF BIRTH

County of Williamsburg

Township of Andersen

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... 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
79620

Registration District No. 4380 Registered No. .....
(For use of Local Registrar)

(2) Full Name of Child Boy Warren

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

(3) BOY ~~OR GIRL~~?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH Aug 26 (Name of Month) (Day) 1916 (Year)
	To be answered only in event of Twins or Triplets			

FATHER.	MOTHER.
(8) FULL NAME Benn Warren	(14) NAME BEFORE MARRIAGE Jency Brockington
(9) PRESENT POSTOFFICE OF FATHER Trio	(15) PRESENT POSTOFFICE OF MOTHER Do
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE SC	(18) BIRTHPLACE SC
(13) OCCUPATION Farm	(19) OCCUPATION Laundresses
(20) Number of children born to mother, including present birth 3	(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P. M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Lizzie Warren

(24) State whether Physician or Midwife: midwife

(25) Address of Physician or Midwife: Trio SC

Given name added from a supplemental report

....., 191....

.....
Registrar

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

(27) Filed 9 15 1916 (28) G. W. Coleman
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.

McCaw of Columbia