FORM NO. 5. 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 OTHER, No. 2, etc., in question 5.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
44716

(1) PLACE OF BIRTH
County of Spartanburg
Township of " "
or
Inc. Town of ..... Registration District No. 4008 Registered No. 395
(For use of Local Reistrar)
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Girl | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? yes | (7) DATE OF BIRTH Dec. 24 1915 (Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME Victor Eugene Warren	(14) NAME BEFORE MARRIAGE Myrtle (A) Atlanta Burgess
(9) PRESENT POSTOFFICE OF FATHER Glendale	(15) PRESENT POSTOFFICE OF MOTHER Glendale
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Glendale	(18) BIRTHPLACE Spartanburg S.C.
(13) OCCUPATION Millwork	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 3	(21) 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 ..... at 3.30 P.M., on the date above stated. (Born alive ~~or stillborn~~) (Hour ~~A.M. or~~ P.M.)

(23) (Signature) A. M. Allen

(24) State whether Physician or Midwife: Affid 7/3/45 Physician

(25) Address of Physician or Midwife: Spartanburg R 4

Given name added from a supplemental report
July 23, 1917
Crowell
Deputy Registrar

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

(27) Filed Dec 28 1915 (28) E. F. Parker 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.

*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.