

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 2.

(1) PLACE OF BIRTH

County of Sumter
Township of Mayfield
or
Inc. Town of
or
City of
(If birth occurs in a hospital or institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Department of Vital Statistics
State Board of Health

No. for State Register Only
44827

Registration District No. 4102 Registered No. 159
(For use of Local Registrar)
St. Ward)
If child is not yet named, make supplemental report as directed

(2) Full Name of Child Sarah Warren

(3) BOY OR GIRL Girl (4) Twin or Triplet 4 (5) Are Parents Married Yes (6) DATE OF BIRTH 12 27 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Nellie S. Warren
(9) PRESENT POSTOFFICE OF FATHER Guthrie
(10) COLOR OR RACE W (11) AGE AT BIRTH
(12) BIRTHPLACE Mayfield
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Nora L. Johnson
(15) PRESENT POSTOFFICE OF MOTHER Guthrie S.C. R.R.
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 34
(18) BIRTHPLACE Sumter S.C.
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended this child, who was Sarah Warren at 12 27 23 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(22) Signature of Physician or Midwife (23) Address of Physician or Midwife

Given name added from a supplemental report

Witness (Signature of Witness necessary only when question 23 is signed by mark)
Angela B. ... (24) 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.

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