

FORM NO. 3

(1) PLACE OF BIRTH

County of Williamston
Township of Andover

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

File No.—For State Registrar Only
50671

Inc. Town of Registration District No. 4301 Registered No.
(For use of Local Registrar)
or St.: Ward)
(City of (No.
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) ~~Boy~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Feb 13 1914
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME William Warren
(9) PRESENT POSTOFFICE OF FATHER Tres
(10) COLOR OR RACE Wp (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Williamston, Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 13

MOTHER.
(14) NAME BEFORE MARRIAGE Jenny Mitchem
(15) PRESENT POSTOFFICE OF MOTHER Tres
(16) COLOR OR RACE Wp (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE Williamston, Co
(19) OCCUPATION Field work
(21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 4 am
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Jessie M. ...
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

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 2 19 191..... (28) G. W. ... Local Registrar.

MARGIN RESERVED FOR BINDING. WHITE 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.

*When there was no attending physician or midwife, when 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.