

Form No 1.

## (1) PLACE OF BIRTH

County of CharlottesvilleTownship of 14Inc. Town of or  
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

45967

Registration District No. 1.3.21 Registered No. ....  
(For use of Local Registrar)Full Name of Child Edrena Warren If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>—</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 5 1916</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME <u>Wallace Warren</u>	(14) NAME BEFORE MARRIAGE <u>Lillie McLean</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Charlottesville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Charlottesville</u>
(10) COLOR OR RACE <u>negro</u>	(16) COLOR OR RACE <u>negro</u>
(11) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>	(17) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Michigan</u>	(18) BIRTHPLACE <u>Charlottesville S.C.</u>
(13) OCCUPATION <u>mechanic</u>	(19) OCCUPATION <u>dress-maker</u>
(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>7</u>

## MOTHER.

(14) NAME BEFORE MARRIAGE <u>Lillie McLean</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Charlottesville</u>
(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>
(18) BIRTHPLACE <u>Charlottesville S.C.</u>	(19) OCCUPATION <u>dress-maker</u>
(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>7</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Amelia Warren(24) State whether Physician or Midwife (25) Address of Physician or Midwife Charlottesville S.C.

Given name added from a supplemental report

191.....

Registrar

(26) Witness E. A. Early  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 11 1916 (28) E. A. Early  
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.

MARGIN RESERVED FOR BINDING. THIS IS A PERMANENT RECORD.  
N. H.—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.  
McGraw, of Columbia