

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 5.

RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston

Township of .....

or  
Inc. Town of .....

or  
City of Charleston

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jawrita Warren

File No. — For State Registrar Only  
**29171**

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

Registration District No. 9A Registered No. 1294  
(For use of Local Registrar)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH September 22  
(Name) (Month) (Day) (Year)

FATHER.  
(8) FULL NAME Elmer Willis Warren

(5) PRESENT POSTOFFICE OF FATHER Charleston, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22  
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION City Fire Department

(20) Number of children born to mother, including present birth 1

MOTHER.  
(14) NAME BEFORE MARRIAGE Jol Henry Strickland

(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23  
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) J. F. Strickland, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife 248 Calhoun St.

Given name added from a supplemental report

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

19 22 Registrar J. F. Strickland 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.

Registrar

Filed

Corrected NOV 2