Form No. 3

(1) PLACE OF BIRTH

County of Colleton

Township of Smoaks

or

Inc. Town of .....

or

City of .....

(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
17304

Registration District No. 1407 Registered No. .....
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child: Emma Warren

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL: Girl

(4) Twin or Triplet? To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH: June 20 1923 (Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME: Robert Warren

(9) PRESENT POSTOFFICE OF FATHER: Green Pond S.C.

(10) COLOR OR RACE: Negro

(11) AGE AT LAST BIRTHDAY: 26 (Years)

(12) BIRTHPLACE: Col Co S.C.

(13) OCCUPATION: Farmer

(20) Number of children born to mother, including present birth: 3

MOTHER.

(14) NAME BEFORE MARRIAGE: Sarah White

(15) PRESENT POSTOFFICE OF MOTHER: Green Pond S.C.

(16) COLOR OR RACE: Negro

(17) AGE AT LAST BIRTHDAY: 24 (Years)

(18) BIRTHPLACE: Col Co S.C.

(19) OCCUPATION: Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was Alive at 6 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lucian Hamilton

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Green Pond S.C.

Given name added from a supplemental report

.....

..... 19 ....
Registrar

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

(27) Filed June 23 1923. (28) B. G. Higgins
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.