

PLACE OF BIRTH

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

FILE No.—For State Registrar Only

7339-a

Registrar Only

City of Charleston
 County of Summerville
 Registration District No. 17A Registered No. 92
 (For use of Local Registrar)

(No. _____ St. _____ Ward _____)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Richard Truys Warney (If child is not yet named, make a supplemental report as directed.)

1. SEX OR G. P. M 4. Twin or Triplet? _____ 5. Number in order of birth _____ 6. Are Parents Married? Yes 7. DATE OF BIRTH Mar 27 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
 FULL NAME Richard G. Warney
 PRESENT RESIDENCE OFFICE OF FATHER Summerville
 COLOR OF HAIR White 11. AGE AT LAST BIRTHDAY 37
 RACE White (Years)
 BIRTHPLACE Summerville
 OCCUPATION Electrician
 Number of children born to _____ including present birth 1

MOTHER
 14. NAME BEFORE MARRIAGE Marie Hamilton
 15. PRESENT POSTOFFICE OF MOTHER Summerville
 16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 20
 RACE White (Years)
 18. BIRTHPLACE Charleston
 19. OCCUPATION Housewife
 21. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 5 A. M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature J. Julian Connell 25. Address of Physician or Midwife
 24. State whether Physician or Midwife Summerville

See name added from a supplemental report

26. Witness _____ (Signature of Witness necessary only when question 23 is signed "ma")
 27. Filed July 9 1925 28. Ed. Carter Local Registrar

*If there was no attending physician or midwife, then the father, householder, etc., should make this return. A birth is even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar Only

Ward

make

Year

Year

Year

A.M., P.M.

or Midwife

Return