

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

File No. — For State Registrar Only
51695

1) PLACE OF BIRTH
 County of Cherokee
 Township of Cherokee
 or
 Inc. Town of Registration District No. 1201 Registered No. 24
 or
 City of (No. St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.

2) Full Name of Child Robert Warr } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Age Parents Married?	(7) DATE OF BIRTH <u>Mar 26 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Willie Warr

(9) PRESENT POSTOFFICE OF FATHER Cherokee SC

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Cherokee Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth } 4

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Williams

(15) PRESENT POSTOFFICE OF MOTHER Cherokee SC

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Cherokee Co

(19) OCCUPATION Farm laborer

(21) Number of children of this mother now living, including present birth } 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) John W. Cantrell
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 _____, 191...

 Registrar

(26) Witness Ida Williams
 (Signature of Witness necessary only when question 23 is signed in mark)
 (27) Filed Mar 30 1916 (28) P. B. Ingram
 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.

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Form No. 10. WHEN FILING, WHERE UNDESIRABLE, THIS IS A RETURN. RECORD M. 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 3. McCaw of Columbia