Form No. 3

(1) PLACE OF BIRTH

County of Berkeley

Township of [illegible]
or
Inc. Town of Jamed
or
City of .....

CERTIFICATE OF BIRTH

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

Registration District No. 20 Registered No. 11
(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.)

File No.—For State Registrar Only
3228

(2) Full Name of Child Lucie Warren

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

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl		1	no	Feb 16 1927

FATHER.

(8) FULL NAME John Warren

(9) PRESENT POSTOFFICE OF FATHER Mt Holly SC

(10) COLOR OR RACE Mul (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE Berkeley

(13) OCCUPATION farm

(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Warren

(15) PRESENT POSTOFFICE OF MOTHER Mt Holly SC

(16) COLOR OR RACE Color (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Berkeley

(19) OCCUPATION farm

(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mary Richardson

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Mt Holly SC

Given name added from a supplemental report .....

..... 19 .....
Registrar

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

(27) Filed Mar 7 1927 (28) R. G. Harwood
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.

N. B.—In case of TWINS or TRIPLETS, use a SEPARATE BLANK FOR EACH CHILD, and mark the BIRTH-BORN, No. 1, THIRD-BORN, No. 3, etc., in question 6.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING.