

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the
 N. 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 5.

| (1) PLACE OF BIRTH | | CERTIFICATE OF BIRTH | | File No.—For State Registrar Only | |
|---|----------------------|---|---|--|--|
| County of <u>Calhoun</u> | | STATE OF SOUTH CAROLINA | | 80463 | |
| Township of <u>Lynne</u> | | Bureau of Vital Statistics | | Registered No. <u>168</u> | |
| or | | State Board of Health | | (For use of Local Registrar) | |
| Inc. Town of | | Registration District No. <u>502</u> | | Registered No. <u>168</u> | |
| or | | (No. St.; Ward) | | (For use of Local Registrar) | |
| City of | | (If birth occurs in a hospital or other institution, give name of same instead of street and number.) | | If child is not yet named, make supplemental report as directed | |
| (2) Full Name of Child <u>Adam Warren</u> | | | | | |
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Oct 17 1916</u> (Name of Month) (Day) (Year) | |
| To be answered only in event of Twins or Triplets | | | | | |
| FATHER. | | | MOTHER. | | |
| (8) FULL NAME <u>Ed Warren</u> | | | (14) NAME BEFORE MARRIAGE <u>Alma Stiggins</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Cameron, S.C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Cameron, S.C.</u> | | |
| (10) COLOR OR RACE <u>Negro</u> | | | (16) COLOR OR RACE <u>Negro</u> | | |
| (11) AGE AT LAST BIRTHDAY <u>27</u> (Years) | | | (17) AGE AT LAST BIRTHDAY <u>25</u> (Years) | | |
| (12) BIRTHPLACE <u>Calhoun Co</u> | | | (18) BIRTHPLACE <u>Calhoun Co</u> | | |
| (13) OCCUPATION <u>Farm Hand</u> | | | (19) OCCUPATION <u>Housewife</u> | | |
| (20) Number of children born to mother, including present birth <u>1</u> | | | (21) Number of children of this mother now living, including present birth <u>1</u> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>7 P. M.</u> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) | | | | | |
| (23) (Signature) <u>E. Edwards</u> | | | | | |
| (24) State whether Physician or Midwife <u>Midwife</u> | | | | | |
| (25) Address of Physician or Midwife <u>Ellmore, S.C.</u> | | | | | |
| Given name added from a supplemental report | | | | | |
| (26) Witness <u>E. Edwards</u> (Signature of Witness necessary only when question 23 is signed by mark) | | | | | |
| (27) Filed <u>Oct. 31 1916</u> (28) <u>W. S. Keller</u> 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.