

MAKE IN RESERVE FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.

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

(1) PLACE OF BIRTH
 County of Calhoun
 Township of Dyers
 or
 Inc. Town of _____
 or
 City of _____ (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
80463
 Registered No. 168
 (For use of Local Registrar)

Registration District No. 502

(2) Full Name of Child Adam Warren (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 17 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Ed Warren</u>	(14) NAME BEFORE MARRIAGE <u>Alma Higgins</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>	(11) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Calhoun Co</u>	(13) OCCUPATION <u>Farm Hand</u>	(18) BIRTHPLACE <u>Calhoun Co</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 born alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) X Cecelia Johnson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ellmore, S.C.

Given name added from a supplemental report _____
 (26) Witness E. Edwards
(Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Oct. 31 1916 (28) W. J. Keller
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.

MCCAW OF COLUMBIA, COLUMBIA, S. C.