Re Doe 60 - 44653

Form No. 1

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 41431

(1) PLACE OF BIRTH

County of Lee

Township of Mt. Ohio

or Inc. Town of .....

or City of .....

Registration District No. 8004. Registered No. 27 (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.)

(2) Full Name of Child Louise McWarren — 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: Dec 17 (Name of Month) 28 (Day) (Year)

To be answered only in event of Twins or Triplets

**FATHER.**

(8) FULL NAME Solomon McWarren

(9) PRESENT POSTOFFICE OF FATHER St Charles S. C.

(10) COLOR OR RACE Negro | (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Lee Co.

(13) OCCUPATION Farming

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE Eliza White

(15) PRESENT POSTOFFICE OF MOTHER St Charles S C

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

(18) BIRTHPLACE Lee Co

(19) OCCUPATION House wife

(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 born alive at 9 a. m. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Martha Furman

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: St Charles S.C.

Given name added from a supplemental report ..... 19 .... Registrar

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

(27) Filed Dec 24 1928. (28) Thos. Johnson 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.

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