

Form No. 1

(1) PLACE OF BIRTH

County of Newberry
Township of #9
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

4700

Registration District No. 34.20 Registered No. 7
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

1) BOY OR GIRL Boy 2) Twin or Triplet
3) Number in order of birth
4) Are Parents Married Yes 5) DATE OF BIRTH Feb 24 1923
(Month) (Day) (Year)

FATHER.

6) FULL NAME G. W. Warren
7) PRESENT POSTOFFICE OF FATHER Prosperity, S.C.
8) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40
9) BIRTHPLACE Newberry Co
10) OCCUPATION Farming
11) Number of children born to mother, including present birth 8

MOTHER.

12) NAME BEFORE MARRIAGE Hattie Padgett
13) PRESENT POSTOFFICE OF MOTHER Prosperity, S.C.
14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 38
16) BIRTHPLACE Livingston Co
17) OCCUPATION Housewife
18) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) Laura Warren (25) Address of Physician or Midwife Prosperity, S.C.
(26) State whether Physician or Midwife

(Given name added from a supplemental report)

(27) Witnesses (Signature of Witness necessary only when question 23 is signed by mark) W. H. Gibson
(28) Filed Feb 24 1923 (29) 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