

(1) PLACE OF BIRTH

County of Allendale

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

6326

Township of

or
Inc. Town of AllendaleRegistration District No. 4600Registered No. 21

(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.)

(2) Full Name of Child Georgia Miller Warren(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be secured only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

March 8 1922
(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER: Wade Burdette Warren

(14) NAME BEFORE MARRIAGE

MOTHER: Sadie Hammond

(9) PRESENT POSTOFFICE OF FATHER

Allendale

(15) PRESENT POSTOFFICE OF MOTHER

Allendale

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

31
(Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

27
(Years)

(12) BIRTHPLACE

S. C.

(18) BIRTHPLACE

Georgia

(13) OCCUPATION

Mr. Wholesale Grocer

(19) OCCUPATION

Housewife

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

2

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10:20 P. M. on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

Physician

Given name added from a supplemental report

(26) Witness

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

(27) Filed Mar 10 1922(28) L. H. Boyd M.D.
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.

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