

(1) PLACE OF BIRTH

County of Horry
Township of Corry
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

49484

Registration District No. 2502 Registered No. 13
(For use of Local Registrar)

(2) Full Name of Child Wasser Varen .. { 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 Feb. 6 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Harry Varen

MOTHER.
(14) NAME BEFORE MARRIAGE Essie Hiles

(9) PRESENT POSTOFFICE OF FATHER Corry SC

(15) PRESENT POSTOFFICE OF MOTHER Corry SC

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 35 (Years)

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Horry Co

(18) BIRTHPLACE Horry Co

(13) OCCUPATION Laborer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 7

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Annetta Clark

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Corry

Given name added from a supplemental report
..... 191.....
.....
Registrar

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

(27) Filed Feb 11 1916 (28) J. 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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MAILED 10 10
STATE BOARD OF HEALTH
COLUMBIA, S. C.
McCaw, of Columbia