

## (1) PLACE OF BIRTH

County of

Township of

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

6899

Registration District No. 904

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 Emily Jenia Warren (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL B

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Feb. 16, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Robt. W. Warren(9) PRESENT POSTOFFICE OF FATHER Rt. Charleston, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47 (Years)(12) BIRTHPLACE Georgia(13) OCCUPATION Dairyman(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Betty Lee Moore(15) PRESENT POSTOFFICE OF MOTHER Rt. Charleston, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Georgia(19) OCCUPATION Housewife(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 alive at 7:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. H. Ellis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Rt. Charleston, S.C.

Given name added from a supplemental report

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

(27) Filed Feb. 26, 1922 (28) Chas. S. Seabrook 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.