

Form No. 1

(1) PLACE OF BIRTH

County of YorkTownship of Yorkor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19314

Registration District No. 3002 Registered No. 77
(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 Sallie Versnell Warden If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 18, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Warden(9) PRESENT POSTOFFICE OF FATHER Elliott S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40
(Years)(12) BIRTHPLACE Elliott S.C.(13) OCCUPATION Teacher(14) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Mathie Wells(15) PRESENT POSTOFFICE OF MOTHER Elliott S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38
(Years)(18) BIRTHPLACE Elliott S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rebecca Scarborough(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Elliott 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 7/8/22 (28) J. F. W. S. D. T. S. 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.