

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

| (1) PLACE OF BIRTH  |                               | CERTIFICATE OF BIRTH  |                                     | File No.—For State Registrar Only                               |  |
|---|-------------------------------|---|-------------------------------------|---|--|
| County of <u>Bladen</u>   |                               | STATE OF SOUTH CAROLINA   |                                     | 24413   |  |
| Township of <u>Bladen</u>   |                               | Bureau of Vital Statistics  |                                     |   |  |
| Inc. Town of .....  |                               | State Board of Health   |                                     |   |  |
| City of .....   |                               | Registration District No. <u>1.2.6.</u>   |                                     | Registered No. <u>4.8.</u>                                      |  |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.)   |                               |   |                                     | (For use of Local Registrar)                                    |  |
| (2) Full Name of Child <u>Allie Warden</u>  |                               |   |                                     | If child is not yet named, make supplemental report as directed |  |
| (3) BOY OR GIRL? <u>BOY</u>   | (4) Twin or Triplet? <u>/</u> | (5) Number in order of birth <u>1</u>   | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Aug 1 1922</u>                             |  |
| FATHER.   |                               | MOTHER.   |                                     |   |  |
| (8) FULL NAME   |                               | (14) NAME BEFORE MARRIAGE <u>Lusin Warden</u>   |                                     |   |  |
| (9) PRESENT POSTOFFICE OF FATHER  |                               | (15) PRESENT POSTOFFICE OF MOTHER <u>Bladen</u>                                       |                                     |   |  |
| (10) COLOR OR RACE <u>Caucasian</u>   |                               | (11) AGE AT LAST BIRTHDAY..... (Years)  |                                     | (16) COLOR OR RACE <u>Caucasian</u>                             |  |
| (12) BIRTHPLACE   |                               | (17) AGE AT LAST BIRTHDAY..... (Years)  |                                     | (18) BIRTHPLACE <u>Bladen Co.</u>                               |  |
| (13) OCCUPATION   |                               | (19) OCCUPATION <u>Domestic</u>   |                                     |   |  |
| (20) Number of children born to mother, including present birth <u>1</u>  |                               | (21) Number of children of this mother now living, including present birth <u>1</u>   |                                     |   |  |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  |                               |   |                                     |   |  |
| (22) I hereby certify that I attended the birth of this child, who was <u>Bladen</u> at <u>9.22 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  |                               |   |                                     |   |  |
| (23) (Signature) <u>J. L. Smith</u>   |                               | (24) State whether Physician or Midwife <u>Midwife</u>                                |                                     |   |  |
| (25) Address of Physician or Midwife <u>Wansboro S.C.</u>   |                               |   |                                     |   |  |
| Given name added from a supplemental report   |                               | (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) |                                     |   |  |
| 19 <u>1922</u> Registrar  |                               | (27) Filed <u>Aug 7.0. 1922</u> (28) <u>J. L. Smith</u> 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. |                               |   |                                     |   |  |