

## (1) PLACE OF BIRTH

County of Spartanburg

Township of .....

or  
Inc. Town of .....or  
City of Spktg.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

16626

Registration District No. 40-aRegistered No. 216  
(For use of Local Registrar)(No. 135 Thompson St.; ..... Ward)(2) Full Name of Child Elizabeth Warkins

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH Nov 29, 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Warkins

(9) PRESENT POSTOFFICE OF FATHER

City

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

30  
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

animator

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

18

## MOTHER.

(14) NAME BEFORE MARRIAGE

Effie Floyd

(15) PRESENT POSTOFFICE OF MOTHER

City

(16) COLOR OR RACE

C

(17) AGE AT LAST BIRTHDAY

29  
(Years)

(18) BIRTHPLACE

Spartanburg, S.C.

(19) OCCUPATION

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

16

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna Lindsey

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6-1-22(28) 19 22

(29)

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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