(1) PLACE OF BIRTH

County of Dorchester

Township of George

or

Inc. Town of .....

or

City of .....

(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
51992

Registration District No. 1203. Registered No. 30
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) **Full Name of Child** Thomas Applebey Warner.

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)

(5) Number in order of birth 9

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Mar. 8, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William A. Warner.

(9) PRESENT POSTOFFICE OF FATHER St. George, S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 36. (Years)

(12) BIRTHPLACE South Carolina.

(13) OCCUPATION Farmer.

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

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Applebey

(15) PRESENT POSTOFFICE OF MOTHER St. George, S.C.

(16) COLOR OR RACE White.

(17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE South Carolina.

(19) OCCUPATION Wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [illegible] M.D.

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: St. George, S.C.

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 Mar. 22 1916 (28) [illegible]
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.

fifth month of pregnancy.

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.

M. McCaw, of Columbia.

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