

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 2.

McGraw-Hill, Columbia, S. C.

Form No. 1

(1) PLACE OF BIRTH

County of Florence
Township of 11
or 11
Inc. Town of 11
or 11
City of 11

(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

34336

Registration District No. 20-A

Registered No. 323
(For use of Local Registrar)

(2) Full Name of Child Eratten Warren

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

(3) SEX OF CHILD
Male

(4) Twin or Triplet?
No

(5) Number in order of birth
1

(6) Are Parents Married?
Yes

(7) DATE OF BIRTH 10/14/32
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME
R. O. Moreland

(9) PRESENT POSTOFFICE OF FATHER
Fen or

(10) COLOR OR RACE
W

(11) AGE AT LAST BIRTHDAY 37
(Years)

(12) BIRTHPLACE
Arcadia La

(13) OCCUPATION
Experimental Graft Surg

(20) Number of children born to mother, including present birth
1

MOTHER

(14) NAME BEFORE MARRIAGE
Edie Louise Brannon

(15) PRESENT POSTOFFICE OF MOTHER
Fen or

(16) COLOR OR RACE
W

(17) AGE AT LAST BIRTHDAY 30
(Years)

(18) BIRTHPLACE
Denham Gyps La

(19) OCCUPATION
Dom

(21) Number of children of this mother now living, including present birth
1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)
[Signature]

(24) State whether Physician or Midwife
Phys

(25) Address of Physician or Midwife
[Address]

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 21 is signed by mother)

(27) Filed 11-1-32 P. H. Prugham
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.