

MARGIN RESERVED FOR BINDING.

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.

MCCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Burkeley
Township of Entawh
OR
Inc. Town of.....
OR
City of(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 Legenia Warren

File No.—For State Registrar Only

75898

Registration District No. 708 Registered No. 235
(For use of Local Registrar)

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 15th 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME <u>Ishmael Warren</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Bonneau S.C.</u>	(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE <u>Barrow Hill</u>	(13) OCCUPATION <u>Farming</u>	(20) Number of children born to mother, including present birth <u>3</u>	

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Martha Ford</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Bonneau S.C.</u>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(18) BIRTHPLACE <u>Cedar Spring</u>	(19) OCCUPATION <u>Housewife</u>	(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rose Warren
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bonneau S.C.

Given name added from a supplemental report

(26) Witness J. M. Cross
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 22nd 1916 (28) J. M. Cross 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.