

(1) PLACE OF BIRTH

County of BarnwellTownship of Laurensor
Inc. Town of Laurensor
City of Laurens

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

(2) Full Name of Child

Mal. Warren

File No.—For State Registrar Only

305

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 147 Registered No. 5

(For use of Local Registrar)

St. 1 Ward 1

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 19 1922

FATHER.

(8) FULL NAME Mal. Warren(9) PRESENT POSTOFFICE OF FATHER Laurens(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Laurens, S. C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 7

MOTHER.

(16) NAME BEFORE MARRIAGE Minnie Beckham(15) PRESENT POSTOFFICE OF MOTHER Laurens(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Barnwell, S. C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Laurens, S. C. (Born alive or stillborn) (Hour A. M. or P. M.) 7:15

on the date above stated.

(23) (Signature) L. H. Pemberton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Laurens

Given name added from a supplemental report

Mal. WarrenLaurens 19 22 Registrar

(26) Witness

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

(27) Filed

19 22 (28) 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.

WHEN PLACING WITH UNFADING INK—THIS IS A PERMANENT RECORD—IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FORM EACH CHILD, AND ANSWER THE FIRST-FOUR, No. 1, THIS CHILD, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.