

Form No. 1

# **CERTIFICATE OF BIRTH** STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health

File No.—For State Registrar Only  
**92457**

(1) PLACE OF BIRTH  
County of Caldwell  
Township of Ward  
or  
Inc. Town of Hallabour  
or  
City of Hallabour (No. ....) St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1409 Registered No. 13  
(For use of Local Registrar)

(2) Full Name of Child .....

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Apr. 11, 1917  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Wesley Warren  
(9) PRESENT POSTOFFICE OF FATHER Hallabour SC  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)  
(12) BIRTHPLACE Caldwell Co  
(13) OCCUPATION Farming  
(14) Number of children born to mother, including present birth 3

MOTHER.  
(14) NAME BEFORE MARRIAGE Miss Crasner  
(15) PRESENT POSTOFFICE OF MOTHER Hallabour SC  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)  
(18) BIRTHPLACE Caldwell Co  
(19) OCCUPATION Homemaker  
(20) Number of children of this mother now living, including present birth 12

## **CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(21) I hereby certify that I attended the birth of this child, who was born at 12:00 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Chas. H. Co. Hannon  
(23) State whether Physician or Midwife (24) Address of Physician or Midwife Hallabour SC

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed Feb. 10, 1917 Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

MARGIN RESERVED FOR BINDING. THIS IS A PERMANENT RECORD. WRITING PLAINLY, WITH UNFADING INK—THIS IS A SEPARATE BLANK FOR EACH CHILD, and mark the N. B.—in case of TWINS OR TRIPLETS use a SEPARATE BLANK, No. 2, etc., in question 5.