

Form No. 1

## (1) PLACE OF BIRTH

County of Beaufort....Township of H. Halem...

Inc. Town of .....

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

Registration District No. 604 Registered No. 69.....

(For use of Local Registrar)

(2) Full Name of Child Mary Warren..... (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? no 7. DATE OF BIRTH MAY 27, 1923 (Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME Don't Know9. PRESENT POSTOFFICE OF FATHER X10. COLOR OR RACE X 11. AGE AT LAST BIRTHDAY X (Years)12. BIRTHPLACE X13. OCCUPATION X14. Number of children born to mother, including present birth 2

## MOTHER.

14. NAME BEFORE MARRIAGE Irene Warren15. PRESENT POSTOFFICE OF MOTHER Frogmore S.C.16. COLOR OR RACE Negro 17. AGE AT LAST BIRTHDAY 20 (Years)18. BIRTHPLACE South Carolina19. OCCUPATION Farmer20. 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 Born alive at 3:20 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Irene Miller & Frogmore S.C.

(24) State whether Obstetrician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Nurse Kink (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed MAY 30, 1923 (28) Ischomann 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.