

Form No. 1

(1) PLACE OF BIRTH

County of Regulator
 Township of St. Helena
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

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

File No. — For State Registrar Only

10100

Registration District No. 604Registered No. 53
(For use of Local Registrar.)

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

(2) Full Name of Child George Samuel Warren If child is not yet named, make supplemental report as directed

1. SEX OR GIRL? Boy 2. Twin or Triplet? 3. Number in order of birth 4. Are Parents Married? No 5. DATE OF BIRTH April 10 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

6. FULL NAME McRaeley Warren
 7. PRESENT POSTOFFICE OF FATHER Frogmore SC
 8. COLOR OR RACE Negro 9. AGE AT LAST BIRTHDAY 20 (Years)
 10. BIRTHPLACE South Carolina
 11. OCCUPATION Farmer

MOTHER.

12. NAME BEFORE MARRIAGE Reta Moran
 13. PRESENT POSTOFFICE OF MOTHER Frogmore SC
 14. COLOR OR RACE Negro 15. AGE AT LAST BIRTHDAY 19 (Years)
 16. BIRTHPLACE South Carolina
 17. OCCUPATION Domestic
 18. Number of children born to mother, including present birth 1
 19. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 8: a.m. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(21) (Signature) Venus Brisbane (22) Address of Physician or Midwife Frogmore SC
 (23) State whether Physician or Midwife

Given name added from a supplemental report

(24) Witness J. I. Shannon (Signature of Witness necessary only when question 23 is signed by mark)

(25) Filed 4/15/22 (26) J. I. Shannon 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.