

Form No. 1

(1) PLACE OF BIRTH

County of BeaufortTownship of St. Helina

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 604

File No.—For State Registrar Only

10100

Registered No. 53  
(For use of Local Registrar.)

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

(2) Full Name of Child George Samuel Warren If child is not yet named, make supplemental report as directed1) BOY 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  
(Sex) (To be answered only in event of Twins or Triplets) (Name of Month) (Day) (Year)

## FATHER.

3) FULL NAME McReiley Warren4) PRESENT POSTOFFICE OF FATHER Frogmore SC10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20 (Years)12) BIRTHPLACE South Carolina13) OCCUPATION Farmer20) Number of children born to mother, including present birth 1

## MOTHER.

14) NAME BEFORE MARRIAGE Reta Moran15) PRESENT POSTOFFICE OF MOTHER Frogmore SC16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 9 (Years)18) BIRTHPLACE South Carolina19) OCCUPATION Domestic21) 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 8: a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Venus Brisbane Frogmore SC (24) State whether Physician or Midwife \_\_\_\_\_ (25) Address of Physician or Midwife \_\_\_\_\_

Given name added from a supplemental report

(26) Witness J. I. Sherman (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 4/15 1922 (28) J. I. Sherman 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.