

(1) PLACE OF BIRTH

County of Richland....

Township of

or

Inc. Town of

or

City of Columbia.....

(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

File No.—For State Registrar Only

31973

Registration District No. 389Registered No. 198....
(For use of Local Registrar)

(2) Full Name of Child

Charles Benjamin Owens Jr. (No. Columbia Hospital St.; Ward)
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 7..... 1932
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Charles Benjamin Owens

(9) PRESENT POSTOFFICE OF FATHER

Columbia S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

23.....
(Years)

(12) BIRTHPLACE

Marlboro Co.

(13) OCCUPATION

Salesman

(20) Number of children born to mother, including present birth

One

MOTHER.

(14) NAME BEFORE MARRIAGE

Clair Luther Morgan

(15) PRESENT POSTOFFICE OF MOTHER

Columbia

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23.....
(Year)

(18) BIRTHPLACE

Clusterfield

(19) OCCUPATION

House wife

(21) Number of children of this mother now living, including present birth

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive..... at 5 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 10..... 1932

(28)

W. H. B. B.
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.

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THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

MEAD OF COLUMBIA, COLUMBIA, S. C.