

(1) PLACE OF BIRTH

County of Okeech

Township of Windsor

City of .....

City of .....

CERTIFICATE OF BIRTH

Issued on 28th day of March  
State of Florida  
State Board of Health

REGISTRATION NO. 2888

Registration District No. 245

Registered No. 4  
(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 Alan Leslie D. Owen If child is not yet named, make appropriate record as directed

(3) SEX OF CHILD Boy (4) TYPE OF BIRTH Normal (5) NUMBER OF CHILDREN BORN TO MOTHER Yes (6) DATE OF BIRTH Feb 28, 1923

FATHER.  
(7) NAME BEFORE MARRIAGE Penhall Owen  
(8) PRESENT ADDRESS OF FATHER Windsor Sh.  
(9) COLOR negro (10) AGE AT LAST BIRTHDAY 25  
(11) BIRTHPLACE Hantherne Sh.  
(12) OCCUPATION Farming  
(13) NUMBER OF CHILDREN BORN TO FATHER Four

MOTHER.  
(14) NAME BEFORE MARRIAGE Eura Lea  
(15) PRESENT ADDRESS OF MOTHER Windsor Sh.  
(16) COLOR negro (17) AGE AT LAST BIRTHDAY 24  
(18) BIRTHPLACE Windsor Sh.  
(19) OCCUPATION  
(20) NUMBER OF CHILDREN OF THE MOTHER BORN ALIVE Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Harrison Windsor Sr.  
(23) State whether Physician or Midwife mid wife (24) Address of Physk or Midwife

Given name of child, given & supplemented by report

(25) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)  
(26) Signed Mar 1, 1923 (27) D. T. Weeks Local Registrar

When the birth is attended by a physician or midwife, then the father, householder, etc., should make this return. If not attended by a physician or midwife, it must not be reported as stillborn. No report is desired of stillbirths before the birth month of pregnancy.