

## (1) PLACE OF BIRTH

County of Berkely  
 Township of West John  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3236

Registration District No. 702 Registered No. 5  
 (For use of Local Registrar)

(No. .... St.; .... Ward.)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James Owens

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 2, 1922  
 To be answered only in case of Twin or Triplets (Name of Month), (Day), (Year)

## FATHER.

(8) FULL NAME James Owens  
 (9) PRESENT POSTOFFICE OF FATHER Bonneau St  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25  
 (Years)  
 (12) BIRTHPLACE Berkely Co S.C  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Elois Rutledge  
 (15) PRESENT POSTOFFICE OF MOTHER Bonneau St  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22  
 (Years)  
 (18) BIRTHPLACE Berkely Co S.C  
 (19) OCCUPATION Housewife  
 (20) 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 ..... at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Margaret Sample (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bonneau St

Given name added from a supplemental report

(26) Witness James Owens (Signature of Witness necessary only when question 22 is signed by mark)

(27) Jan 5/1922 (28) R. P. Rutledge 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 if a child is born before the fifth month of pregnancy.