

Form No. 1

(1) PLACE OF BIRTH

County of Charleston  
 Township of Christ Church  
 or  
 Inc. Town of Owendon  
 or  
 City of .....

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

6277

Registration District No. 901

Registered No. 31  
 (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 Mary Niran

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

3) BOY OR GIRL Girl 4) Twin or Triplet No 5) Number in order of birth 2nd 6) Are Parents Married Yes 7) DATE OF BIRTH Feb 3 1923  
 (Name of Month) (Day) (Year)

FATHER

8) FULL NAME William Niran  
 9) PRESENT POSTOFFICE OF FATHER Owendon S.C.  
 10) COLOR OR RACE Black 11) AGE AT LAST BIRTHDAY 22  
 (Year)  
 12) BIRTHPLACE Santee P.O. S.C.  
 13) OCCUPATION Farmer

MOTHER

14) NAME BEFORE MARRIAGE Lizzie Washington  
 15) PRESENT POSTOFFICE OF MOTHER Owendon S.C.  
 16) COLOR OR RACE Black 17) AGE AT LAST BIRTHDAY 30  
 (Year)  
 18) BIRTHPLACE Owendon S.C.  
 19) OCCUPATION Housewife

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hannah White  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Owendon S.C.

Given name added from a supplemental report

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

(27) Filed Feb 10 1923 (28) J. L. Nissey  
 Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathed even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.