

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

Form No. 1.

(1) PLACE OF BIRTH

County of *Greenville*
Township of *Duncan*
or
Inc. Town of
or
City of (No. St.; Ward)
(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
72949

Registration District No. *2205* Registered No. *70*
(For use of Local Registrar)

(2) Full Name of Child *Mary Alice Owens* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *girl* (4) Twin or Triplet? (5) Number in order of birth *5* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Aug. 18, 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Rankine Owens*
(9) PRESENT POSTOFFICE OF FATHER *Doney Creek*
(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *36* (Years)
(12) BIRTHPLACE *S.C.*
(13) OCCUPATION *Farmer*
(20) Number of children born to mother, including present birth { *5*

MOTHER.

(14) NAME BEFORE MARRIAGE *Mary Alice Mathis*
(15) PRESENT POSTOFFICE OF MOTHER *Doney Creek*
(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *41* (Years)
(18) BIRTHPLACE *S.C.*
(19) OCCUPATION *at home*
(21) Number of children of this mother now living, including present birth { *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive*, at *6* P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. H. St. John*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Phys. Reyer*

Given name added from a supplemental report

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Registrar

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

(27) Filed *8/30* 1916 (28) *C. S. Smith* 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.