

MARGIN RESERVED FOR BINDING.  
WRITED 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.

(1) PLACE OF BIRTH

County of Jasper  
Township of Cassawhatchee

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

90421

Inc. Town of ..... Registration District No. 2600 Registered No. 71  
(For use of Local Registrar)  
City of ..... (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. Tringle 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 Dec. 2, 1916  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Eugene Clarence Owens (14) NAME BEFORE MARRIAGE Rizzie Robinson  
(9) PRESENT POSTOFFICE OF FATHER Ridgeland (15) PRESENT POSTOFFICE OF MOTHER Ridgeland, S.C.  
(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 43 (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 37  
(12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer (19) OCCUPATION Housewife  
(20) Number of children born to mother, including present birth { 12 (21) Number of children of this mother now living, including present birth { 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 45 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eugene H. Owens (24) State whether Physician or Midwife (25) Address of Physician or Midwife Mark

Given name added from a supplemental report

(26) Witness Louis D. Caw (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 12/12/16 (28) Louis D. Caw 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.