

(1) PLACE OF BIRTH

County of Cherokee
 Township of Lincolnton
 or
 Inc. Town of Gaffney
 or
 City of Marion

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
 59126

Registration District No. 1002 Registered No. 79
 (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 Jasper To Queen } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr. 24, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jack Owens
 (9) PRESENT POSTOFFICE OF FATHER Gaffney 28 SD
 (10) COLOR white (11) AGE AT LAST BIRTHDAY 31
 OR can (Years)
 (12) BIRTHPLACE York Co SD
 (13) OCCUPATION Mill work

MOTHER.

(14) NAME BEFORE MARRIAGE Mollie Byars
 (15) PRESENT POSTOFFICE OF MOTHER Gaffney 28 SD
 (16) COLOR white (17) AGE AT LAST BIRTHDAY 29
 OR can (Years)
 (18) BIRTHPLACE Union SD
 (19) OCCUPATION Housework

(20) Number of children born to mother, including present birth 1.5 (21) Number of children of this mother now living, including present birth 1.5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. F. Butchard
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Gaffney SD

Given name added from a supplemental report

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

(27) Filed June 22, 1916 (28) H. F. Butchard 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.

Registrar Super Local Registrar

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WITHIN PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SUPPLEMENTARY BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

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