

(1) PLACE OF BIRTH

County of CherokeeTownship of Cherokee

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

YES.

(7) DATE OF

BIRTH Dec. 12, 1922

(Name of Month) (Day) (Year)

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

FATHER.

(8) FULL NAME

Russel Owensby

(9) PRESENT POSTOFFICE OF FATHER

Cherokee Falls, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

20

(Years)

(12) BIRTHPLACE

Cherokee Co., S.C.

(13) OCCUPATION

Cotton Mill Operative

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

One (1)

MOTHER.

(14) NAME BEFORE MARRIAGE

Clara Daisey Hampton

(15) PRESENT POSTOFFICE OF MOTHER

Cherokee Falls, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

18

(Years)

(18) BIRTHPLACE

Cherokee Co., S.C.

(19) OCCUPATION

Housework.

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

One (1).

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

Physician(25) Address of Physician or Midwife
Blacksburg, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

12-20-22

(28)

Joe Roberts

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

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