

(1) PLACE OF BIRTH

County of FlamanceTownship of Johnsonor
Inc. Town ofor
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 John Leonard Owens

File No. — For State Registrar Only

6957

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2018 Registered No. 2218

(For use of Local Registrar)

(No. 7/2/23 St.; Ward)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Age Parents yr (6) DATE OF BIRTH Feb 6 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Owens(9) PRESENT POSTOFFICE OF FATHER Johnsonville(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32
(Years)(12) BIRTHPLACE Not Known S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Jane(15) PRESENT POSTOFFICE OF MOTHER Johnsonville(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29
(Years)(18) BIRTHPLACE Not Known S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 7:10 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rose William Johnsonville

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed April 11 1923 (28) L. L. Poston19
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should report. If a child breathes even once, it must not be reported as stillborn. No report is needed if child is born before the fifth month of pregnancy.