

(1) PLACE OF BIRTH

County of Spur-Tau-burg
 Township of Laurens-belle
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

27910

Registration District No. Hop. 12 Registered No. 21
 (For use of Local Registrar)

(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 Mary Owens (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Apr 15 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME William Owens
 (9) PRESENT POSTOFFICE OF FATHER Laurens SC R# 2
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35
 (Years)
 (12) BIRTHPLACE NC
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Hester Collins
 (15) PRESENT POSTOFFICE OF MOTHER Laurens SC R# 2
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33
 (Years)
 (18) BIRTHPLACE NC
 (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 6
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) I B Wilson M.D.
 (24) State whether Physician or Midwife (25) Address of Physd. or Midwife
Laurens R# 4

Given name added from a supplemental report

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

(27) Filed 19 (28) Bern J Bishop
 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.