

## (1) PLACE OF BIRTH

County of

Township of

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

30569

Registration District No. 2306

Registered No. 124  
(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 Carrie Marie Owens

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 9, 1918</u> (Name of Month) (Day) (Year)
--------------------------------	--	--	--	--

## FATHER

## MOTHER

(8) FULL NAME <u>Raul Wasschotten Owens</u>	(14) NAME BEFORE MARRIAGE <u>Annie Harris</u>
(9) PRESENT POSTOFFICE OR VILLAGE <u>Greenwood S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>to Greenwood S.C.</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>W</u>
(11) AGE AT LAST BIRTHDAY <u>32</u> (Year)	(17) AGE AT LAST BIRTHDAY <u>27</u> (Year)
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>Greenwood S.C.</u>
(13) OCCUPATION <u>Teacher</u>	(19) OCCUPATION <u>Domestic</u>

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Wm. Marshall(24) State whether Physician or Midwife Phys(25) Address of Physician or Midwife Greenwood

Given name added from a supplemental report:

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

19 \_\_\_\_\_ Registrar

(27) Signed Oct 1, 1918 (28) \_\_\_\_\_

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.

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.