

40988

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

Registration District No. 7.

Registered No. 2
(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.)

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

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH Dec 17, 1922
(Name of Month) (Day) (Year)

MOTHER.

(14) NAME BEFORE MARRIAGE G. E. Owen

(15) PRESENT POSTOFFICE OF MOTHER *Barnwell S*

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE

(19) OCCUPATION

(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... Adrian ... at ... 8 ... M.,
on the date above stated. 7 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife Physician
 (25) Address of Physician or Midwife 1000 1st St. N. W. Washington, D. C.

Given name added from a supplemental report

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

(37) Filed 11/1/1933 (38) 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.