

(1) PLACE OF BIRTH

County of Georgetown
 Township of Calhoun #6
 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

89958

Registration District No. 2105Registered No. 85
(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 Frederick Paul Owens If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 12, 1919
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Stephen A Owens
 (9) PRESENT POSTOFFICE OF FATHER Oakes, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)
 (12) BIRTHPLACE Georgetown, S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Ernestine Baxley
 (15) PRESENT POSTOFFICE OF MOTHER Oakes, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE West Virginia
 (19) OCCUPATION House Wife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) U. M. Marsh
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Oakes, 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 Dec. 12, 1919 (28) J. L. McCracken 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MCGAW OF COLUMBIA, COLUMBIA, S. C.