

FORM NO. 2. MARRIAGE REGISTERED FOR RECORD. WITH PLAINLY, WITH UNIFORMITY. THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH
 County of Williamsburg
 Township of James
 or
 Inc. Town of
 or
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
44962

Registration District No. 4304 Registered No. 173
 (For use of Local Registrar)

(2) Full Name of Child. Reamer Owens
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 30, 1914
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Jas Cleland Owens
 (9) PRESENT POSTOFFICE OF FATHER Hemingway S.C.
 (10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 36 (Years)
 (12) BIRTHPLACE Williamsburg County
 (13) OCCUPATION Planter
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Lula McEister
 (15) PRESENT POSTOFFICE OF MOTHER Hemingway S.C.
 (16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 29 (Years)
 (18) BIRTHPLACE Williamsburg County
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 3:10 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. M. O. on x g. omery
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hemingway S.C.

Given name added from a supplemental report 191...
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) R. R. Wad
 (27) Filed Jan 2, 1915 (28) R. R. Wad 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.

Registrar W. A. Wad

*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.

Registrar A. R. Moulley