

(1) PLACE OF BIRTH

County of Charleston
 Township of Comptche
 Inc. Town of Comptche
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

37655 X

Registration District No. 4006Registered No. 126
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Girl (4) Type of Triplet Single (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Oct 17 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ossie Benson Owens(9) PRESENT POSTOFFICE OF FATHER Comptche(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Driver (Truck)(14) Number of children born to mother, including present birth 5

MOTHER.

(15) NAME BEFORE MARRIAGE Sallie Ann Fisher(16) PRESENT POSTOFFICE OF MOTHER Comptche(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 27 (Year)(19) BIRTHPLACE S.C.(20) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 am on the date above stated. (Born alive or stillborn) (Hour of Day or P. M.)(23) (Signature) Charnes R. Stevens(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Comptche S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 12/1 (28) 23 (29) C. L. M. J. Jr. 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.

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