

## (1) PLACE OF BIRTH

County of DorchesterTownship of Weymouthor  
Inc. Town of .....

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

39579

Registration District No. 7. D.C. Registered No. 1117  
(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(To be answered only in case of Twins or Triplets)

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

Charles K. Owens

(9) PRESENT POSTOFFICE OF FATHER

Wachulla

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

43  
(Years)

(12) BIRTHPLACE

Pickens Co S.C.

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth

{ ..... }

## MOTHER

(14) NAME BEFORE MARRIAGE

Maud K. Owens

(15) PRESENT POSTOFFICE OF MOTHER

Wachulla

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

20  
(Years)

(18) BIRTHPLACE

Dorchester Co S.C.

(19) OCCUPATION

Housewife

(20) Number of children of this mother now living, including present birth

{ ..... }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 2:30 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

Dr. H. M. M. M. M.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed

Dec. 11, 1912

(28)

R. A. M. M. M.  
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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