

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—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 5.

(1) PLACE OF BIRTH

County of Georgetown

Township of .....

or  
Inc. Town of .....

or  
City of Georgetown S.C.

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

(2) Full Name of Child THOMAS HARVEY OWENS

File No.—For State Registrar Only

38390

Registered No. 100  
(For use of Local Registrar)

CERTIFICATE OF BIRTH

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

Registration District No. 21-A

St. .... Ward

(3) BOY OR GIRL? Boy (4) Twin or Triplet? - (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH June 5 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Harvey Owens

(9) PRESENT POSTOFFICE OF FATHER Georgetown S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Harry Co.

(13) OCCUPATION Carpenter

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

MOTHER.

(14) NAME BEFORE MARRIAGE Elyia R. Harker

(15) PRESENT POSTOFFICE OF MOTHER Georgetown

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

(18) BIRTHPLACE Harry Co.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M., on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature) J. B. Bell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Georgetown

Given name added from a supplemental report

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

(27) Filled Dec 12 1922 (28) Mrs. R. G. King 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

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.