

1. 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 4.

(1) PLACE OF BIRTH
 County of Clatsop
 Township of Sleeping Ute
 or
 Inc. Town of
 or
 City of (No. St. Ward)
 (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
9691

Registration District No. 212 Registered No. 14
 (For use of Local Registrar)

(2) Full Name of Child James Owen (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 20 1922</u> (Name of Month) (D-Y) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Marion Owen</u>		(14) NAME BEFORE MARRIAGE <u>Sophie Winckler</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Windsor SC 27</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Windsor SC 27</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
(12) BIRTHPLACE <u>SC</u>		(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>12</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Dr. J. H. Johnson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Medford, Oregon SC 27

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed in blank)
J. H. Johnson

(27) Local Registrar
July 25 1922

*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.