

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

File No. — For State Registrar Only  
**997**

(1) PLACE OF BIRTH Charleston  
 County Charleston  
 Township of St. Philip  
 or  
 Inc. Town of None  
 or  
 City of Charleston  
 (if birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. E-5-08 Registered No. 2  
 (For use of Local Registrar)  
 St. None Ward None  
 (No. ....)

**(2) Full Name of Child**

(3) SEX OR Male  
 (4) Twin or Triplet? No  
 (5) Number in order of birth 1  
 To be answered only in case of Twins or Triplets

(7) DATE OF BIRTH 1/13/22  
 (Name of Month) (Day) (Year)  
 If child is not yet named, make supplemental report as directed

**FATHER.**  
 (8) FULL NAME W. C. Owens  
 (9) PRESENT POSTOFFICE OF FATHER Flu RFD  
 (10) COLOR OR RACE W  
 (11) AGE AT LAST BIRTHDAY 39 (Years)  
 (12) BIRTHPLACE Flu Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 6

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE W. C. Owens  
 (15) PRESENT POSTOFFICE OF MOTHER Flu R  
 (16) COLOR OR RACE W  
 (17) AGE AT LAST BIRTHDAY 37 (Years)  
 (18) BIRTHPLACE Flu Co  
 (19) OCCUPATION Dom  
 (21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at Charleston M. on the date above stated. (Hour A. M. or P. M.)  
 (23) (Signature) P. H. Pitcher  
 (24) State whether Physician or Midwife Physician  
 (25) Address of Physician or Midwife Charleston

Given name added from a supplemental report  
 19.....  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Feb 7 19.....  
 Local Registrar E. C. Carley

\*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.

MADE IN THE U.S.A. FOR THE STATE OF SOUTH CAROLINA  
 IN A 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.  
 Bureau of Columbia, Columbia, S. C.