

WHILE PLAINLY, WITH SPACING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRSTBORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Georgetown</u>		STATE OF SOUTH CAROLINA		4233	
Township of <u>Calmar</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <u>2105</u>		Registered No. <u>14</u>	
or				(For use of Local Registrar)	
City of .....		(No. .... St. .... Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Perry Allen Owens</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? .....	(5) Number in order of birth .....	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 5</u> 19 <u>22</u> (Name of Month) (Day) (Year)	
FATHER.		MOTHER.			
(8) FULL NAME <u>Ezekiel Owens</u>		(14) NAME BEFORE MARRIAGE <u>Ellen Cribb</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Hemingway</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Hemingway</u>			
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Year)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Year)		
(12) BIRTHPLACE <u>Georgetown C.S.C.</u>		(18) BIRTHPLACE <u>Georgetown Co</u>			
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>H. P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>A. M. Marshall</u>		(25) Address of Physician or Midwife <u>Hemingway</u>			
(24) State whether Physician or Midwife <u>Midwife</u>					
Given name added from a supplemental report .....		(26) Witness .....			
..... 19 .....		(27) Filed <u>Feb 15</u> 19 <u>22</u> (28) <u>J. L. McCracken</u> 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.