

(1) PLACE OF BIRTH
County of *Williamsburg*
Township of *Indian*
or
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
79658

Registration District No. *4303* Registered No. *48*
(For use of Local Registrar)

(2) Full Name of Child. *David Frank Owens* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *yo* (7) DATE OF BIRTH *Aug 24*
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *George Baxter Owens*
(9) PRESENT POSTOFFICE OF FATHER *Cades, S.C.*
(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *74*
(Years)
(12) BIRTHPLACE *Chesterfield Co., A.C.*
(13) OCCUPATION *Farmer*
(20) Number of children born to mother, including present birth } *2*

MOTHER.
(14) NAME BEFORE MARRIAGE *Loretta Ridley*
(15) PRESENT POSTOFFICE OF MOTHER *Cades, A.C.*
(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *27*
(Years)
(18) BIRTHPLACE *Murray Co. Georgia*
(19) OCCUPATION *At Home*
(21) Number of children of this mother now living, including present birth } *None*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *7:30* *A.M.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) *Polly Coppen, midwife*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Cades, S.C.

Given name added from a supplemental report
....., 191.....
..... Registrar
(26) Witness *George Owens*
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filled *Sept 4 1914* (28) *C. S. Daniel*
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.