

(1) PLACE OF BIRTH **Spartanburg** **CERTIFICATE OF BIRTH**

County of **Spartanburg** STATE OF SOUTH CAROLINA.

Township of **Woodruff** Bureau of Vital Statistics

Inc. Town of Registration District No. **11009** Registered No. **105**

City of (No. St.; Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
74830

(2) Full Name of Child **Maxie Lee 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 you Parent Married? **Yes** (7) DATE OF BIRTH **Aug. 8, 1916**
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME **Sam Owens**
(9) PRESENT POSTOFFICE OF FATHER **Woodruff R1**
(10) COLOR OR RACE **Col** (11) AGE AT LAST BIRTHDAY **20** (Years)
(12) BIRTHPLACE **Laurens Co**
(13) OCCUPATION **Farmer**
(20) Number of children born to mother, including present birth { **1**

MOTHER.
(14) NAME BEFORE MARRIAGE **Theola Hasley**
(15) PRESENT POSTOFFICE OF MOTHER **Woodruff R1**
(16) COLOR OR RACE **Col** (17) AGE AT LAST BIRTHDAY **20** (Years)
(18) BIRTHPLACE **Greenwood Co**
(19) OCCUPATION **Domestic**
(21) Number of children of this mother now living, including present birth { **1**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **alive** at **10 a.** M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **Sam Owens**
(24) State whether Physician or Midwife **Father** (25) Address of Physician or Midwife **Woodruff S.C.**

Given name added from a supplemental report
....., 191.....
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Registrar.

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) **Chas. L. Boyter**
(27) Filed **Aug 10, 1916** (28) 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.

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.
McCaw, of Columbia.