

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. H.—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.  
N. B. McCaw, of Columbia.  
McCaw.

(1) PLACE OF BIRTH  
County of Columbia  
Township of .....  
or  
Inc. Town of .....  
City of Columbia  
(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  
**50259**

Registration District No. 38A Registered No. ....  
(For use of Local Registrar)  
St.; ..... Ward)  
(2) Full Name of Child John Henry Owens If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Jan 9 1911</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>				<b>MOTHER.</b>
(8) FULL NAME <u>Unknown</u>				(14) NAME BEFORE MARRIAGE <u>Rebecca Owens</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Unknown</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>State Hospital</u>
(10) COLOR OR RACE <u>Unknown</u>				(16) COLOR OR RACE <u>Colored</u>
(11) AGE AT LAST BIRTHDAY <u>Unknown</u>				(17) AGE AT LAST BIRTHDAY <u>19</u>
(12) BIRTHPLACE <u>Unknown</u>				(18) BIRTHPLACE <u>Columbia County</u>
(13) OCCUPATION <u>Unknown</u>				(19) OCCUPATION <u>none</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 male at 5 ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) W. T. B. B.  
(24) State whether Physician or Midwife M. D. (25) Address of Physician or Midwife Columbia, S.C.

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by male)  
.....  
(27) Filed 1911 (28) St. H. Boyd Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.  
Registrar I  
\*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.  
Local Registrar