

(1) PLACE OF BIRTH
 County of Magnolia
 Township of Fairview
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
64525

Registration District No. 2206 Registered No. 67
 (For use of Local Registrar)
 St.; Ward

(2) Full Name of Child Mary Ruth Owens { If child is not yet named, make supplemental report as directed

(3) ~~BOY OR GIRL?~~ (4) ~~Twin or Triplet?~~ (5) Number in order of birth 9 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 8th 1916
(Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Dolphus Deatur Owens
 (9) PRESENT POSTOFFICE OF FATHER Fountain Inn, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer.
 (20) Number of children born to mother, including present birth 9

MOTHER.
 (14) NAME BEFORE MARRIAGE Eggie Chapman.
 (15) PRESENT POSTOFFICE OF MOTHER Fountain Inn, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House work
 (21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was Alive at 3:10 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) H. B. Stewart
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Fountain Inn, S.C.

Given name added from a supplemental report
 _____, 191____

 Registrar

(26) Witness _____
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed July 10 1916 (28) F. B. Duckett
 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.

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.
 A. M. W. of Columbia