

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.

(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)

(2) Full Name of Child *Mary Ruth Owens*
St.; Ward
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 Deatus 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* *9* 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.