

Form No. 1

(1) PLACE OF BIRTH

County of Fairfield
 Township of # 10
 or
 Inc. Town of
 or
 City of

(No. St. Ward)
 (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
34308

Registration District No. 1709 Registered No. 27
 (For use of Local Registrar)

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

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twin or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 27, 1922
 (Name (Month) (Day) (Year))

FATHER.

(8) FULL NAME John Owens
 (9) PRESENT POSTOFFICE OF FATHER Wallaceville S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 39
 (Year) (12) BIRTHPLACE Fairfield Co.
 (13) OCCUPATION Fanner
 (20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Lila Gibson
 (15) PRESENT POSTOFFICE OF MOTHER Wallaceville S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38
 (Year) (18) BIRTHPLACE Fairfield Co. S.C.
 (19) OCCUPATION Farm-hand
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Don + Lawrence
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wallaceville S.C.

Given name added from a supplemental report

(26) Witness Mrs. E. H. Friday
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct. 30, 1922 (28) E. H. Friday
 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 ENFADING 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.

Revised by Columbia, Columbia, S. C.