

## (1) PLACE OF BIRTH

County of Hartburnburg  
 Township of Bushspur  
 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

5713

Registration District No. 9-C Registered No. 25  
 (For use of Local Registrar)(2) Full Name of Child Thursey Owens

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>10</u> To be answered only in event of Twins or Triplets
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(6) Are Parents Married <u>yes</u>
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(7) DATE OF BIRTH <u>Jane 31, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME W J Owens

(9) PRESENT POSTOFFICE OF FATHER Inman SC

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42 (Years)

(12) BIRTHPLACE Ne

## (13) OCCUPATION

Farmer and Mechanic

(14) Number of children born to mother, including present birth 10

## MOTHER.

(15) PRESENT POSTOFFICE OF MOTHER Inman SC

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE Ne

## (19) OCCUPATION

House work

(20) Number of children of this mother now living, including present birth 10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 a.m.  
 on the date above stated.  
 (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) R Thompson (24) State whether Physician or Midwife / (25) Address of Physician or Midwife  
Physician Inman SC

Given name added from a supplemental report

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

(27) Filed March 5, 1922 (28) Local Registrar  
W. C. Clappers

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.

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 before the fifth month of pregnancy.