

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 Spartanburg
Township of 11
or
Inc. Town of 11
or
City of 11
(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
32138

Registration District No. 40-a Registered No. 431
(For use of Local Registrar)
(No. 124 Snyder St.; 124 Ward)
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Callie

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in case of Twins or Triplets (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sep 6, 22
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME D. B. Owens
(9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23
(Years)
(12) BIRTHPLACE N.C.
(13) OCCUPATION Miner
(20) Number of children born to mother, including present birth 3

MOTHER
(14) NAME BEFORE MARRIAGE Maggie Collins
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23
(Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) W. F. Cron, M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg, S.C.

Given name added from a supplemental report
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..... 19

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 10-1-19 22 (28) Joe Copes 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.

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