

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

File No. — For State Registrar Only  
**35829**

**(1) PLACE OF BIRTH**

County of Conee  
Township of Myrtle  
or  
Inc. Town of Westminster  
or  
City of .....

Registration District No. 3505

Registered No. 147  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
St.: ..... Ward: .....  
If child is not yet named, make supplemental report as directed

**(2) Full Name of Child** Unnamed Owen

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 8 1922  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Ross S. Owen  
(9) PRESENT POSTOFFICE OF FATHER Westminster  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE Lowdia Jones  
(15) PRESENT POSTOFFICE OF MOTHER Westminster  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION House Wife  
(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 ... (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) Wm. C. Strickland at 12:00 A.M.  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Westminster

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)  
(27) Date Sept 8 1922 (28) Local Registrar: [Signature]

\*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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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE CARD FOR EACH CHILD. No. 2, also in Question 2. REGULAR BIRTH, No. 1, TIME OF BIRTH, No. 2, also in Question 2. REGULAR BIRTH, No. 1, TIME OF BIRTH, No. 2, also in Question 2.