

Form No. 1.

(1) PLACE OF BIRTH

County of Beaufort
 Township of St. Helena
 or
 Inc. Town of
 or
 City of
 (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

10107

Registration District No. 604Registered No. 61
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Owens Middleton Jr.

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

(1) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH April 24, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Owens Middleton Sr.
 (9) PRESENT POSTOFFICE OF FATHER Frogmore S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Farmer & Butcher

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian E. Grant
 (15) PRESENT POSTOFFICE OF MOTHER Frogmore S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE South Carolina
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:20 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Hagar Henderson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Frogmore

Given name added from a supplemental report

(26) Witness J. E. Thomas
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 4/24, 1922 (28) J. B. Thomas
 Registrar 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.