

(1) PLACE OF BIRTH

County of MaconTownship of Hamptonor
Inc. Town of

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

Registration District No. 3207 Registered No. 44138
(For use of Local Registrar)(2) Full Name of Child Lillie Mae If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1st (6) Age at Birth 1 yr (7) DATE OF BIRTH Dec 16 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Owen(9) PRESENT POSTOFFICE OF FATHER Willing(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 38
(Year)(12) BIRTHPLACE Willing(13) OCCUPATION farmer(14) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 1

MOTHER.

(15) NAME BEFORE MARRIAGE Fannie E. Luster(16) PRESENT POSTOFFICE OF MOTHER Willing(17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 38
(Year)(19) BIRTHPLACE Willing(20) OCCUPATION house wife(21) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. E. Luster (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness W. E. Luster (Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Jan 11 1924 (28) W. E. Luster

When there was no attending physician or midwife, then the father, householder, or other person must not be reported as stillborn. No report is required if a child breathed even once, before the fifth month of pregnancy.