

N. N. II.—In case of TWINS OR TRIPLETS use a SEPARATE PLAIN FOR EACH CHILD, and mark the WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MCGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
County of Freewood  
Township of CC  
or  
Inc. Town of CC  
or  
City of CC  
(If birth occurs in a hospital)

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

Registration District No. .... 24

File No.—For State Registrar Only  
4448

Registered No.....  
(For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(2) Full Name of Child Charles If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(8) Are Parents Married?

DATE OF BIRTH Feb 13 2 1940  
(Name of Month) (Day) (Year)

**FATHER.**

(6) FULL NAME Wesley G. Owens 9/18

(9) PRESENT POSTOFFICE OF FATHER Greenwood St

(10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *48* (Years)

(12) BIRTHPLACE *RE*

(13) OCCUPATION *Mechanic*

(20) Number of children born to mother, including present birth { 8 }

**MOT IER**

(14) NAME BEFORE MARRIAGE Mamie Hovary

(15) PRESENT POSTOFFICE OF MOTHER Gevel R. F.

(16) COLOR OR RACE *w* (17) AGE AT LAST BIRTHDAY, *47* (Years)

(18) BIRTHPLACE R.E.

(19) OCCUPATION  
*Domestic*

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

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

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 1/11/19 (28) 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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