

## (1) PLACE OF BIRTH

County of Greenwood  
 Township of Hodges  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

42841

Registration District No. 2307 Registered No. 52  
 (For use of Local Registrar)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 12 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Ross Owens  
 (9) PRESENT POSTOFFICE OF FATHER Hodges, S.C.  
 (10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 21  
 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Markey Brown  
 (15) PRESENT POSTOFFICE OF MOTHER Hodges, S.C.  
 (16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 19  
 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1 (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 Alive 12:15 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Trabella Anderson  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Hodges, S.C.

Given name added from a supplemental report

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

(27) Filed Dec 30 1922 (28) D. B. Davis  
 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.