

Form No. 1

(1) PLACE OF BIRTH

County of Spartanburg  
Township of Pacolet  
OF  
Inc. Town of .....  
OF  
City of ..... (No. .... St.; .... Ward)

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only  
**30225**

Registration District No. 4076 Registered No. 115  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Louis Chas. Owens (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 9-29-23  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Ben J. Owens  
(9) PRESENT POSTOFFICE OF FATHER Gaffney SC  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)  
(12) BIRTHPLACE SC  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 2

MOTHER.  
(14) NAME BEFORE MARRIAGE Sollie Camby  
(15) PRESENT POSTOFFICE OF MOTHER Trough SC  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)  
(18) BIRTHPLACE NC  
(19) OCCUPATION Housewife  
(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 at 100 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. L. Kirkpatrick  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Pacolet, SC

Given name added from a supplemental report  
.....  
..... 19 ..  
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Oct. 10 1923 (28) M. W. Brown 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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