

(1) PLACE OF BIRTH

County of Pickens
 Township of Liberty
 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
31843

Registration District No. 3705 Registered No. 120
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St. Ward)

(2) Full Name of Child Paul Edward

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 21, 22
 (Name) (Month) (Day) (Year)

FATHER
 (8) FULL NAME Boyd Owens
 (9) PRESENT POSTOFFICE OF FATHER Liberty S.C.R. 2
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21
 (12) BIRTHPLACE S.C.

MOTHER
 (14) NAME BEFORE MARRIAGE Mathie Chastin
 (15) PRESENT POSTOFFICE OF MOTHER Liberty S.C.R. 2
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18
 (18) BIRTHPLACE S.C.

(13) OCCUPATION Farming

(19) OCCUPATION House wife

(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 born alive at 8 P.M.
 on the date above stated. (Month) (Day) (Year) (Hour A.M. or P.M.)

(23) (Signature) Dr. J. L. P. P.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Liberty S.C.R. 2

Given name added from a supplemental report

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

(27) Filed Oct 7, 1922 (28) John A. Boyd
 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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