

(1) PLACE OF BIRTH

County of Berkley
 Township of St. Stephen
 or
 Inc. Town of

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

No. for State Registrar only
20001

Registration District No. 786 Registered No. 40
 (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 Stedman Owen (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 July 31, 1923
 (Date of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Levin Owen</u>	(10) NAME BEFORE MARRIAGE <u>Wesley Woods</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Bomeau SC</u>	(10) PRESENT POSTOFFICE OF MOTHER <u>Bomeau SC</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>Berkley Co.</u>	(12) BIRTHPLACE <u>Berkley Co.</u>	(13) OCCUPATION <u>Farmer</u>	(13) OCCUPATION <u>House work</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Sarah Brown
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Bomeau SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed July 25, 1923 (28) J. J. Green Local Registrar

*When there was no attending physician or midwife, then the father, householders, etc., should make this report. 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.