

(1) PLACE OF BIRTH

County of Barnwell
 Township of Reef Oak
 or
 Inc. Town of Smellmy
 or
 City of Smellmy

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

File No.—For State Registrar Only

10047

Registration District No. 509 Registered No. 21.....
 (For use of Local Registrar)

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

(3) SEX OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH April 21 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Rosa Owens
 (9) PRESENT POSTOFFICE OF FATHER Barnwell
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE Barnwell Co
 (13) OCCUPATION farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Hankerson
 (15) PRESENT POSTOFFICE OF MOTHER Barnwell
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25 (Years)
 (18) BIRTHPLACE Barnwell Co
 (19) OCCUPATION farmer
 (20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Rebecca Carter (24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

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

(27) Filed May 9 1922 (28) M. B. Carter 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.