

(1) PLACE OF BIRTH

County of McCampton
 Township of Hamlet
 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

4543

Registration District No. 2405 Registered No. 245
 (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 Colman Owens If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 14, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Owens
 (9) PRESENT POSTOFFICE OF FATHER Estell St.
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 36
 (12) BIRTHPLACE McCampton Co
 (13) OCCUPATION Miner

MOTHER.

(14) NAME BEFORE MARRIAGE Frances Hallman
 (15) PRESENT POSTOFFICE OF MOTHER Estell St.
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 27
 (18) BIRTHPLACE McCampton Co
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 12 (21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lucas P. Brown
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Estell St.

Given name added from a supplemental report

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

(27) Filed Feb 23, 1922 (28) W. C. H. 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.

MADE IN ACCORDANCE WITH THE ACT OF MARCH 1, 1901, CHAP. 11, SECT. 1, AND THE ACT OF MARCH 1, 1901, CHAP. 11, SECT. 2.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

RECEIVED BY COLUMBIA, S. C.