

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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.  
McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Dillon

Township of Kirby

OR  
Inc. Town of

OR  
City of

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

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

File No. — For State Registrar Only  
51957

Registration District No. 16.04 Registered No. 3  
(For use of Local Registrar)

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? + (5) Number in order of birth + (6) Are Parents Married? Yes (7) DATE OF BIRTH March 2 (8) (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Don Owens

(9) PRESENT POSTOFFICE OF FATHER Sellers St

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Dillon Co. SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Cato

(15) PRESENT POSTOFFICE OF MOTHER Sellers St

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Marion Co. SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 5 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ester F. Frankling

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife

Given name added from a supplemental report

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Registrar

(26) Witness C. E. Hazelden (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed March 3, 1914 (28) J. R. Smith 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.