

(1) PLACE OF BIRTH

County of RichmondTownship of Dan. Lowry

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

43078

Registration District No. 2-2-2 Registered No. 85

(For use of Local Registrar)

(2) Full Name of Child William L. By. Owens

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? 1(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE BIRTH Dec. 23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Owens(9) PRESENT POSTOFFICE OF FATHER Myer St(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 24

(Years)

(12) BIRTHPLACE Anderson County(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Owens(15) PRESENT POSTOFFICE OF MOTHER Myer St(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 21

(Years)

(18) BIRTHPLACE Anderson County(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Duke(24) State whether Physician or Midwife (25) Address of Physician or Midwife Myer St

Given name added from a supplemental report

Registrar

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

(27) Filed Dec 23 1911 (28) W. H. Duke 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.

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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCall of Columbia