

(1) PLACE OF BIRTH

County of AdamsTownship of Adams

or Town of

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

4410

Registration District No. 2904 Registered No. 12

(For use of Local Registrar)

(2) Full Name of Child. Sarah Mather Owen If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>no</u>	(3) Number in order of birth <u>1</u>	(5) Any Previous Marriages? <u>no</u>	(7) DATE OF BIRTH <u>Oct 10 23</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Herbert Owen(9) PRESENT POSTOFFICE OF FATHER Wall miss(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Adams Co(13) OCCUPATION Miss Teacher(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Fluence Haines(15) PRESENT POSTOFFICE OF MOTHER Wall miss(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE N.C.(19) OCCUPATION Domestic(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 born at Adams Co on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Robert R. Waller(24) State whether Physician or Midwife (25) Address of Physician or Midwife Adams

(If name added from a supplemental report)

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

(28)

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.

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