

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and enter the  
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.  
 Bureau of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Barnwell  
 Township of Walthamville  
 or  
 Inc. Town of .....  
 or  
 City of .....

CERTIFICATE OF BIRTH

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

No. 10.—For State Registrar Only  
**31772**

Registration District No. 3.P.4. Registered No. 112  
 (For use of Local Registrar)

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

(2) Full Name of Child Clara Hope Owens

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

(3) SEX Female (4) Type of Infant To be entered only in case of Twin or Triplets (5) Are Person Married Yes (6) DATE OF BIRTH Nov 12, 23  
 (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME Hope Smith Owens  
 (9) PRESENT RESIDENCE OF FATHER Barnwell  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47  
 (12) BIRTHPLACE Eastman Ga.  
 (13) OCCUPATION Laborer

MOTHER  
 (14) NAME BEFORE MARRIAGE Mary Ellen Odum  
 (15) PRESENT RESIDENCE OF MOTHER Barnwell  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 76  
 (18) BIRTHPLACE Barnwell Ga.  
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 7:30 M., on the date above stated. (23) (Signature) D. H. Muzzgkpe (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec. 1, 1923 (28) D. H. Muzzgkpe 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.

before the fifth month of pregnancy.