

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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Greenville
Township of Saunders
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
4342

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

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>12</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 23 1932</u> (Give of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Dr. D. Owens</u>			(14) NAME BEFORE MARRIAGE <u>Peggy Chapman</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Fountain Inn S.C. #3</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Fountain Inn S.C. #3</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>41</u> (Years)	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>41</u> (Years)		
(13) OCCUPATION <u>Farmer</u>			(18) BIRTHPLACE <u>Not known</u>	
(19) OCCUPATION <u>Housework</u>				
(20) Number of children born to mother, including present birth <u>12</u>			(21) Number of children of this mother now living, including present birth <u>11</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was..... at 5:00 M., on the date above stated.
(Hour A. M. or P. M.)

(23) (Signature)
(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.....19..... (28).....
Registrar 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.