

(1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town ofor  
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

16225

Registration District No. 3609

Registered No. 65

(For use of Local Registrar)

(2) Full Name of Child Ruth Alice 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

To be answered only in case of Twin or Triplet

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

May 4 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

J. L. Owens

(9) PRESENT POSTOFFICE OF FATHER

Holly Hill

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

25

(Years)

(12) BIRTHPLACE

Berkley Co.

(13) OCCUPATION

Farmer

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

4

## MOTHER.

(14) NAME BEFORE MARRIAGE

Ruth Singletary

(15) PRESENT POSTOFFICE OF MOTHER

Holly Hill S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23

(Years)

(18) BIRTHPLACE

Berkley Co.

(19) OCCUPATION

Housewife

(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 10 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

O. J. Radworn, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Holly Hill S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed May 14 1922

(28) A. M. Hesseman

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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