

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
No. 2.—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 8.

McCaw, of Columbia.

(1) PLACE OF BIRTH
County of Greenville
Township of Aurora
or
Inc. Town of
or
City of (No.)
(If birth occurs in a hospital or other institution, give name of street and number.)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. For State Registration
56025

Registration District No. 2200 Registered No. 02
(For use of Local Registrar)

(2) Full Name of Child Ross Owens { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Apr. 12</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Boaker Owens</u>			(14) NAME BEFORE MARRIAGE <u>George Buchanan</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C. 17014</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C. 17014</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>Soloa</u>			(18) BIRTHPLACE <u>Soloa</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth { <u>4</u>			(21) Number of children of this mother now living, including present birth { <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at Birth on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Georgette Baker
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Medway, Maryland

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by parent) W. B. Blaker

(27) Filed May 1, 1914 (28) E. L. Richardson
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.