

(1) PLACE OF BIRTH

County of Bladen

Township of

or Inc. Town of

or City of Liberty

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

(2) Full Name of Child Wm. Elbert Owens If child is not yet named, make supplemental report as directed(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 31 27 (Name of Month) (Day) (Year)FATHER Wm. H. Owens MOTHER Mattie Poston(8) FULL NAME Wm. H. Owens (9) NAME BEFORE MARRIAGE Mattie Poston(10) PRESENT POSTOFFICE OF FATHER Liberty (11) PRESENT POSTOFFICE OF MOTHER Liberty(12) COLOR OR RACE white (13) AGE AT LAST BIRTHDAY 27 (Year)(14) BIRTHPLACE Pickens Post(15) OCCUPATION car mechanic(16) Number of children born to mother, including present birth 13 (17) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at Liberty on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Wm. H. Owens (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Liberty, Bladen Co., N. C.

Given name added from a supplemental report

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

(27) Filed Feb 8 1928 (28) John T. Boy 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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