

FORM NO. 2

(1) PLACE OF BIRTH

County of WilliamsburgTownship of Johnson

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.)

(2) Full Name of Child James Woodrow Owens(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 Feb 1 1916

(Name of Month) (Day) (Year)

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

FATHER.

(8) FULL NAME James Otley Owens(9) PRESENT POSTOFFICE OF FATHER Hammigway(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 29(12) BIRTHPLACE Var, S.C.(13) OCCUPATION Housewife Planter(14) Number of children born to mother, including present birth Three

MOTHER.

(15) NAME BEFORE MARRIAGE Missouri Eaddy(16) PRESENT POSTOFFICE OF MOTHER Hammigway, S.C.(17) COLOR OR RACE White(18) AGE AT LAST BIRTHDAY 24(19) BIRTHPLACE Hammigway, S.C.(20) OCCUPATION Planter Housewife(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive, at 5 A.M. (Hour A.M. or P.M.) on the date above stated.(23) (Signature) E. A. Lammie, M.D.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Hammigway S.C.

Given name added from a supplemental report

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

(27) Filed Feb 10 1916 (28) L. L. Card 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.

MARGIN RESERVED FOR BINDING.

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.

McGaw of Columbia

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
56690Registration District No. 4304 Registered No. 7
(For use of Local Registrar)

Sl.: Ward)

(No.)