

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

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

91788

Only

Registration District No. 40000 Registered No. 95

(For use of Local Registrar)

(2) Full Name of Child *Heannie Lou Owensly*

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

(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Dec. 18, 1916</i>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME <i>Joe Owensly</i>	(14) NAME BEFORE MARRIAGE <i>Hessie Laneyfort</i>
(9) PRESENT POSTOFFICE OF FATHER <i>Turkey D.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Turkey D.C.</i>
(10) COLOR OR RACE <i>W</i>	(16) COLOR OR RACE <i>W</i>
(11) AGE AT LAST BIRTHDAY <i>31</i> (Years)	(17) AGE AT LAST BIRTHDAY <i>23</i> (Years)
(12) BIRTHPLACE <i>Park Co. N.S.</i>	(18) BIRTHPLACE <i>Anderson Co. S.C.</i>
(13) OCCUPATION <i>Mill work</i>	(19) OCCUPATION <i>House wife</i>
(20) Number of children born to mother, including present birth <i>Three (3)</i>	(21) Number of children of this mother now living, including present birth <i>Two (2)</i>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *7 P* M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) *S. Moore*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Turkey D.C.*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Dec 30, 1916*

(28)

S. Moore

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.

NEARLY RECALCULATED FOR BIRTH RECORD. THIS IS A PRELIMINARY REPORT. 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.