

Form No. 1

## (1) PLACE OF BIRTH

County of Edgefield  
 Township of .....  
 or  
 Inc. Town of Edgefield  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

42193

Registration District No. 18A... Registered No. 49.....  
 (For use of Local Registrar)

City of ..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 4, 1933  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wyers Owens  
 (9) PRESENT POSTOFFICE OF FATHER Edgefield, S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 33 (Years)  
 (12) BIRTHPLACE Edgefield County  
 (13) OCCUPATION Fireman  
 (20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosala Mitchell  
 (15) PRESENT POSTOFFICE OF MOTHER Edgefield, S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38 (Years)  
 (18) BIRTHPLACE Edgefield  
 (19) OCCUPATION House wife  
 (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 born alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Francis Owens  
 (24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife Edgefield, 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 1/87 1933 (28) At D. Lamb 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.