

(1) PLACE OF BIRTH

County of North
 Township of Burke
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
40967

Registration District No.

Registered No. 27
 (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 Alice Marie Owens If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER Girl (4) Type or Type(s) Full (5) Number in order of birth 1st (6) Age of Person 100 (7) DATE OF BIRTH Dec 2, 1925
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>John R. Owens</u>	(14) NAME BEFORE MARRIAGE <u>John R. Owens</u>	(10) PRESENT RESIDENCE OF FATHER <u>100 South</u>	(16) PRESENT RESIDENCE OF MOTHER <u>100 South</u>
(11) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>35</u>	(12) BIRTHPLACE <u>South</u>	(18) BIRTHPLACE <u>South</u>
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>	(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) John R. Owens (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 100 South

(26) Given name added from a supplemental report
 (27) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (28) Filled (29) 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.