

Form No. 1

(1) PLACE OF BIRTH

County of RichlandTownship of Lower

Inc. Town of

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

Registration District No. 3.803 Registered No. 2.06

File No.—For State Registrar Only

32000

(For use of Local Registrar)

(2) Full Name of Child

Florence Owens

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered on in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Sept 10 22

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Robert Owens

(9) PRESENT POSTOFFICE OF FATHER

Congaree

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

35

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Lad Thronton

(15) PRESENT POSTOFFICE OF MOTHER

Congaree

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

30

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

1.3

(21) Number of children of this mother now living, including present birth

1.3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1.0 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M., or P. M.)

(23) (Signature)

Sarah Salmon

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Congaree S.C.

Given name added from a supplemental report

(26) Witness

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

19 Registrar

(27) Filed Sept 15 1922(28) J. P. Garion

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.

THIS IS A PERMANENT RECORD. 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, COLUMBIA, S. C.