

Form No. 1

(1) PLACE OF BIRTH

County of Berkeley
 Township of Eutaw
 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
41114

Registration District No. 708 Registered No. 117
 (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 Lermia Owens If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (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 5 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Janders Owens(9) PRESENT POSTOFFICE OF FATHER Cross S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23
 (Years)(12) BIRTHPLACE Berkeley Co.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Green(15) PRESENT POSTOFFICE OF MOTHER Cross, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22
 (Years)(18) BIRTHPLACE Berkeley Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 a.m.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane Owens(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cross, S.C.

Given name added from a supplemental report

(26) Witness Willie Cross
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 19 22 (28) DW Cross
 Registrar 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.

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