

## (1) PLACE OF BIRTH

County of Lancaster

Township of .....

or  
Inc. Town of Lancasteror  
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 Registrar Only

43120

Registration District No. 58ARegistered No. 80  
(For use of Local Registrar)(2) Full Name of Child Terre May 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 Twin or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Dec 5 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry H. Owens(9) PRESENT POSTOFFICE OF FATHER Lancaster St.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Chesterfield St.(13) OCCUPATION Seiche operator(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Jackson(15) PRESENT POSTOFFICE OF MOTHER Lancaster St.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Chesterfield St.(19) OCCUPATION Seiche operator(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Al Brown

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed 1-16 1923 (28) J. J. Thompson 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.