

(1) PLACE OF BIRTH

County of Bull Pond

Township of Bull Pond

or

Inc. Town of .....

or

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

6342

Registration District No. 4653

Registered No. 17

(For use of Local Registrar)

(2) Full Name of Child. Juro Owens

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

## FATHER.

Clarance Owens

Allendale

Colard

(11) AGE AT LAST BIRTHDAY 29 (Years)

Bull Pond

Farmer

15

## MOTHER.

(14) NAME BEFORE MARRIAGE Lee Johnson

(15) PRESENT POSTOFFICE OF MOTHER Allendale

(16) COLOR OR RACE Colard

(17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Bull Pond

(19) OCCUPATION Farmer

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

15

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Bella Johnson

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Allendale

Given name added from a supplemental report

march 8 1922

Bella Johnson

Registrar

(26) Witness

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

(27) Filed March 8 1922

(28) J. C. Rowe

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.

Registrar

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