

## (1) PLACE OF BIRTH

County of

Township of

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

20153

Registration District No. 4000

Registered No. 30

(For use of Local Registrar)

(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

Lillie Owens

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

(5) Number in order of birth  
To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

April 21, 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Rochelle Owens

(9) PRESENT POSTOFFICE OF FATHER

Tusculum SC

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

(Years)

25

(12) BIRTHPLACE

Spartanburg, G

(13) OCCUPATION

Mill work

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

Three

## MOTHER.

(14) NAME BEFORE MARRIAGE

Barbara Steadman

(15) PRESENT POSTOFFICE OF MOTHER

Tusculum SC

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

(Years)

29

(18) BIRTHPLACE

Spartanburg, G

(19) OCCUPATION

House wife

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

Three (3)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... at 11 P.M., on the date above stated.  
(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

S. B. Boone

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Tusculum, G

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 1, 22

(28)

S. B. Boone  
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 be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.