

(1) PLACE OF BIRTH

County of Calhoun  
Township of Can Can  
or  
Inc. Town of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. - For State Registrar Only

6689

Registration District No. 801 Registered No. 18  
(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 Daisy Belle 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 ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 5 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Tom Gvingard  
(9) PRESENT POSTOFFICE OF FATHER St. Matthews  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28  
(Years) (12) BIRTHPLACE S.C.  
(13) OCCUPATION Farm hand  
(20) Number of children born to mother, including present birth 2

MOTHER.  
(14) NAME BEFORE MARRIAGE Annie Belle Owens  
(15) PRESENT POSTOFFICE OF MOTHER St. Matthews  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20  
(Years) (18) BIRTHPLACE S.C.  
(19) OCCUPATION Farm hand  
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Goffney (24) State whether Physician or Midwife ..... (25) Address of Physician or Midwife .....

Given name added from a supplemental report .....  
19 .....

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) .....  
(27) Filed Mar 14 1922 (28) J. H. Hartsfield 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.

Given name added from a supplementary report ..... (Date of) .....  
State Registrar

Address W. F. Keller  
Filed March 16, 19 22 Local Registrar

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