

## (1) PLACE OF BIRTH

County of *Williamburg*Township of *Johnson*

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

54058

Registration District No. *H.304* Registered No. *27*

(For use of Local Registrar)

St.; ..... Ward)

(2) Full Name of Child *Clarence Willard 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 *March 1*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Clifton Owens*(9) PRESENT POSTOFFICE OF FATHER *Hemmingway*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *37*  
(Years)(12) BIRTHPLACE *Williamburg Co*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *5*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Evelyn McDaniel*(15) PRESENT POSTOFFICE OF MOTHER *Hemmingway*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *27*  
(Years)(18) BIRTHPLACE *Williamburg*(19) OCCUPATION *House Keeping*(21) Number of children of this mother now living, including present birth *4*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *6 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Mrs. J. A. Davis*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Denton*

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 26 is signed by mark)

(27) Filed *Apr 8 1911*(28) *R. H. Card*

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McCaw, of Columbia