

Form No. 1

(1) PLACE OF BIRTH

County of DalrympleTownship of Lenoir

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

3908

Registration District No. 1594Registered No. 17
(For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child

Rebecca Owen

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

(3) Sex Female (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Owen(9) PRESENT POSTOFFICE OF FATHER Lenoir(10) COLOR OR RACE Col(11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE L.C.(13) OCCUPATION Iron Laborer(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca White(15) PRESENT POSTOFFICE OF MOTHER Lenoir S.C.(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child who was at 6 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Walter Owen(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Lenoir S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Registrar

(27) Filed 3/10 19 22(28) Local Registrar. P. H. Hall

*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.