

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

52181

County of Flamucc  
 Township of Lake

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

Inc. Town of ..... Registration District No. 2009 Registered No. 29  
 (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 Laudie Owens { If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? Boy (4) Twin or Triplet?    (5) Number in order of birth    (6) Are Parents Married?    (7) DATE OF BIRTH Mar 5 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Owens  
 (9) PRESENT POSTOFFICE OF FATHER Fort SC  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE Flamucc Co  
 (13) OCCUPATION Farm Hand  
 (20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Eaddy  
 (15) PRESENT POSTOFFICE OF MOTHER Fort SC  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)  
 (18) BIRTHPLACE Flamucc, SC  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martina Williams  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Fort SC

Given name added from a supplemental report

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

(27) Filed 4/18/16 (28) R. L. Carter 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.

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FORM NO. 10, 1915. REVISED JANUARY 1916. PRINTED AT THE STATE PRINTING HOUSE, COLUMBIA, S. C. — 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 2.