

Form No. 1

(1) PLACE OF BIRTH

County of AmberTownship of Magesville

OR

Inc. Town of Magesville

OR

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 Paul S. Owens

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4102

File No.—For State Registrar Only

36550

Registered No. 89

(For use of Local Registrar)

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE Sept 5 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Paul S. Owens(9) PRESENT POSTOFFICE OF FATHER Magesville(10) COLOR OR RACE Col(11) AGE AT LAST BIRTHDAY 30

(Years)

(12) BIRTHPLACE SC(13) OCCUPATION Sailor(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Elna Barrio(15) PRESENT POSTOFFICE OF MOTHER Magesville(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 21

(Years)

(18) BIRTHPLACE SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A. M., on the date above stated.

(Born alive or stillborn)

(Hour A. M. or P. M.)

L. P. R. seen(23) (Signature) Arthur(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Magesville

Given name added from a supplemental report

(26) Witness Ed S. Owens

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

(27) Filed 19

(28)

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.

For use of Local Registrar Only

27
.....
Registrar)

..... Ward)

amed, make as directed

h

y) (Year)

17
.....
(Year)

at 10 A. M.,

our A. M. or P. M.)

L. P. R.

Physician or Midwife

S. C.

.....

.....

Local Registrar.

to this return.

Births

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD, and mark the MARGIN RESERVED FOR FINDING 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.

Bureau of Columbia, Columbia, S. C.