

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

File No.—For State Registrar Only
28862

(1) PLACE OF BIRTH

County of Anderson
Township of Marion
or
Inc. Town of
or
City of

Registration District No. 3/5-

Registered No. 5-2
(For use of Local Registrar)

(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 Emmie M. Owens If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth

(6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 13 22
(Name of Month) (Day) (Year)

MOTHER.

FATHER.
(8) FULL NAME George Owens
(9) PRESENT POSTOFFICE OF FATHER Piedleton S.C. #1
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 31 (Year)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Laborer
(20) Number of children born to mother, including present birth 1

(14) NAME BEFORE MARRIAGE Willie Mae Bennett
(15) PRESENT POSTOFFICE OF MOTHER Piedleton S.C. #1
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21 (Year)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Farm Laborer
(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 4 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mollie Owens (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Piedleton S.C. #1

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. L. Casey
(27) Filed 9/18 19 22 (28) W. L. Casey Local Registrar.

19 22 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.