

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

15569

(1) PLACE OF BIRTH

County of Laurens

Township of

Inc. Town of
or
City of Laurens

Registration District No. 19

Registered No. 67
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
St.; 5th Ward

(2) Full Name of Child Sarah Catherine Owings

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

(3) BOY OR GIRL? F

(4) Twin or Triplet? No

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE BIRTH May 21 1930

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Wicks Franklin Owings

(14) NAME BEFORE MARRIAGE Jennie Edwards

(9) PRESENT POSTOFFICE OF FATHER Laurens, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Laurens, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Laurens Co., S.C.

(18) BIRTHPLACE Greenville Co., S.C.

(13) OCCUPATION Deputy Sheriff

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth { 2 }

(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 born alive ... 9:40 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jessie H. Deaguen

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Laurens, S.C.

Given name added from a supplemental report

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

(27) Filed 191 (28) W. H. H. H. H. 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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RECEIVED OF COLUMBIA TRIST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

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