Form No. 1

(1) PLACE OF BIRTH

County of Berkeley

Township of Eutaw

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
3293

Registration District No. 708 Registered No. 20
(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 .....

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

(3) BOY OR 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?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
			Yes	Feb	4th	22

FATHER.

(8) FULL NAME: G. W. Owens

(9) PRESENT POSTOFFICE OF FATHER: Chicora S.C.

(10) COLOR OR RACE: White

(11) AGE AT LAST BIRTHDAY: 40 (Years)

(12) BIRTHPLACE: Berkeley Co

(13) OCCUPATION: Farming

(20) Number of children born to mother, including present birth: 6

MOTHER.

(14) NAME BEFORE MARRIAGE: Leitha Delay

(15) PRESENT POSTOFFICE OF MOTHER: Chicora S.C.

(16) COLOR OR RACE: White

(17) AGE AT LAST BIRTHDAY: 29 (Years)

(18) BIRTHPLACE: Berkeley Co

(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 Born alive at 5 a. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eliza Godfrey

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Cainhoy S.C.

Given name added from a supplemental report .....

..... 19 .....
Registrar

(26) Witness ..... Cainhoy
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 6th 1922 (28) D W Grant
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.

MARRIAGE REGISTERED FOR BOOK REFERENCE.
WHITE PLAINLY. WRITE IN PENCIL. PHYSICIAN OR MIDWIFE—GIVEN AS A PROFESSIONAL RESPONSIBILITY.
N. B.—In case of Twins or Triplets, use a separate certificate for each child, and number the children in order of birth, No. 1, third or fourth. No. 2, etc. In questions 6 and 20, etc.

Bureau of Statistics, Columbia, S. C.