

CERTIFICATE OF BIRTH

File No.—For State Registrar Use

County of Marian.....

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

41213

Township of Wahkiakum.....

Registration District No. 3407 Registered No. 147
(For use of Local Registrar)

Inc. Town of.....

NAME _____
 OF _____
 ADDRESS _____

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

(a) BOY OR GIRL <i>Boy</i>	(d) Twin or Triplet? <i>No</i> To be answered only in event of Twin or Triplet	(b) Number in order of birth <i>1</i>	(c) Are Parents Married? <i>Yes</i>	(e) DATE OF BIRTH <i>Sept 23, 1932</i> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(1) FULL NAME	Walter Jones	(14) NAME BEFORE MARRIAGE	Mattie Lee Over
(9) PRESENT POSTOFFICE OF FATHER	Marion S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Marion S.C.
(10) COLOR OF RACE	W	(16) COLOR OF RACE	W
(11) AGE AT LAST BIRTHDAY	25	(17) AGE AT LAST BIRTHDAY	21
(12) BIRTHPLACE	Marion S.C.	(18) BIRTHPLACE	Marion S.C.
(13) OCCUPATION	Brick Layer	(19) OCCUPATION	House wife
(20) Number of children born to father, including present birth	3	(21) Number of children of this mother now living, including present birth	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(20) I hereby certify that I attended the birth of this child, who was Born alive at 12:30 PM.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(26) (Signature) Mike Hays

(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
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Given name added from a supplemental report

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

(17) Filed Jan 12 1924 (20) 4, 2, 1 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.