

Form No. 10. MARGIN RESERVED FOR INDEXING. WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 8. McCaw, of Columbia

(1) PLACE OF BIRTH

County of Anderson  
Township of Ham

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

File No.—For State Registrar Only  
48058

Inc. Town of ..... Registration District No. 315 Registered No. 16  
(For use of Local Registrar)  
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 Iola Annie Owens If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ..... (5) Number in order of birth 5 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 2 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John O. Owens

(9) PRESENT POSTOFFICE OF FATHER Piedmont, S.C. R.R. 2

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)

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

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lara Gillespie

(15) PRESENT POSTOFFICE OF MOTHER Piedmont, S.C. R.R. 2

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

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

(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 alive at 11:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. Iola Moore

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

Midwife Piedmont, S.C. R.R. 2

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed 2/24 1916 (28) W. L. Lang 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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