

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, 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 5.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Barnwell</u>		STATE OF SOUTH CAROLINA		84401	
Township of <u>Baldor</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
or City of		Registration District No. <u>502</u>		Registered No. <u>64</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Lloyd Maxwell Owens</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov 3, 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>W. A. Owens</u>			(14) NAME BEFORE MARRIAGE <u>Manie Thomas</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Martins SC.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Martins SC.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)		
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>Lumber Inspector</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>1 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>F. H. Boyle</u>			(25) Address of Physician or Midwife <u>allendale SC</u>		
(24) State whether Physician or Midwife <u>Physician</u>					
Given name added from a supplemental report			(26) Witness		
.....			(Signature of Witness necessary only when question 23 is signed by mark)		
..... 19			(27) Filed <u>Nov 8, 1916</u>		
Registrar			(28) <u>F. H. Boyle M.D.</u> 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.