

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.

MOCCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
 County of Barnwell  
 Township of Baldor  
 or  
 Inc. Town of.....  
 or  
 City of..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**84401**

Registration District No. 502 Registered No. 64  
(For use of Local Registrar)

(2) Full Name of Child Lloyd Maxwell Owens If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? 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)
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FATHER.

(8) FULL NAME W. A. Owens

(9) PRESENT POSTOFFICE OF FATHER Martins S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22  
(Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Lumber Inspector

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Thomas

(15) PRESENT POSTOFFICE OF MOTHER Martins S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20  
(Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Housewife

(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.... at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) F. H. Boyle - M.D.

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

Given name added from a supplemental report

..... 19 .....

Registrar

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

(27) Filed Nov 8, 1916. (28) F. H. Boyle M.D. 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.