

MADE IN U.S.A. - ALL INFORMATION ON THIS FORM IS TO BE FURNISHED TO THE STATE REGISTRAR, WHO IS THE OFFICIAL IN CHARGE OF THE REGISTRATION OF BIRTHS AND DEATHS. 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.

(1) PLACE OF BIRTH

County of Adams  
 or  
 Township of Stacy, Williams  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St. .... Ward)

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

File No. - For State Registrar Only  
**80**

Registration District No. 2-12 ... Registered No. 4 .....  
 (For use of Local Registrar)

(2) Full Name of Child Mary Louise Buchanan

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 10 1922  
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Charles Manning Owens  
 (9) PRESENT POSTOFFICE OF FATHER Hamlet, S. C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Year)  
 (12) BIRTHPLACE Woodville, Ga.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Ann Bess Heath  
 (15) PRESENT POSTOFFICE OF MOTHER Hamlet, S. C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Year)  
 (18) BIRTHPLACE Adrian Co.  
 (19) OCCUPATION Homemaker  
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Healing Owens  
 (24) State whether: Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 1/20 1922 (28) S. T. Owens 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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REG. OF COLORADO, COLUMBIA, S. C.

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