

(1) PLACE OF BIRTH

County of Orangeburg
Township of East
or
Inc. Town of Orangeburg
or
City of Orangeburg

CERTIFICATE OF BIRTH

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

Registration District No. 36A

No. 12457 - For State Registrar

Registered No. 4
(For use of Local Registrar)

(2) Full Name of Child Mary Alice Owens

3) BOY OR GIRL girl (4) Twin or Triplet? L (5) Number in order of birth 3
To be answered only in event of Twin or Triplet

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

(7) DATE OF BIRTH Oct 16 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. B. Owens

(9) PRESENT POSTOFFICE OF FATHER Orangeburg, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35
(Year)

(12) BIRTHPLACE W.S.

(13) OCCUPATION Team Driver

(14) Number of children born to mother, including present birth 3

MOTHER.

(15) NAME BEFORE MARRIAGE Mary Alice Kennedy

(16) PRESENT POSTOFFICE OF MOTHER Orangeburg, S.C.

(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 33
(Year)

(19) BIRTHPLACE W.S.

(20) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(23) (Signature) W. H. Owens (24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Orangeburg, S.C.

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

(27) Filed 10/17/23 (28) W. H. 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.