

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Registrar Only

5261

County of *Anderson*Township of *Blount*

Inc. Town of

City of

Registration District No. *401*Registered No. *22*
(For use of Local Registrar)

(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 *Curtis Dupre Owsen*

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

(a) BOY OR GIRL <i>Boy</i>	(c) Twin or Triplet To be answered only in case of Twin or Triplet	(d) Number in order of birth	(e) Age at Birth <i>1 yr</i>	(f) DATE OF BIRTH <i>Feb. 22 1923</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(9) FULL NAME <i>Walter P. Owsen</i>			(14) NAME BEFORE MARRIAGE <i>Adeline Pruitt</i>	
(10) PRESENT POSTOFFICE OF FATHER <i>Union 2</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Union 2</i>	
(11) COLOR OR RACE <i>White</i>	(12) AGE AT LAST BIRTHDAY <i>21</i> (Year)	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>19</i> (Year)	(18) BIRTHPLACE <i>T.C.</i>
(13) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>Drum</i>	
(20) Number of children born to mother, including present birth <i>11</i>			(21) Number of children of this mother now living, including present birth <i>1</i>	

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) *D. H. Smith*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

*May 9 1923**March 3 1923*

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed *March 8 1923* (m) *Mrs. J. C. White* 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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