

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Garvin  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

Registration District No. 315

## (2) Full Name of Child

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes

## FATHER.

(8) FULL NAME Louis Owens  
 (9) PRESENT POSTOFFICE OF FATHER Piedmont S.C. #1

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23

(12) BIRTHPLACE Anderson Co S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 2

(14) NAME BEFORE MARRIAGE Mrs.

(15) PRESENT POSTOFFICE OF MOTHER Piedmont

(16) COLOR OR RACE Negro (17) AGE AT BIRTHDAY 2

(18) BIRTHPLACE Anderson

(19) OCCUPATION Housewife

(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 alive at 9 A.M., on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)

(23) (Signature) Walter Owens (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Piedmont S.C. #1

Given name added from a supplemental report

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

(27) Filed Sept 10 1923 (28) W.D. Casey 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.