

Form No. 10. MARGEN RESERVED FOR INDEXING. WITH EXPIRING IN 1914 THIS IS A PRELIMINARY FORM. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and leave the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County of

Township of

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.)

(2) Full Name of Child.

File No.—For State Registrar Only  
63072

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 314 Registered No. 32  
(For use of Local Registrar)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH June 5 1914  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Mae Owen  
(9) PRESENT POSTOFFICE OF FATHER Pelzer R.F.D. S.C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)  
(12) BIRTHPLACE Anderson Co., S.C.  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Alice Jenkins  
(15) PRESENT POSTOFFICE OF MOTHER Pelzer R.F.D. S.C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 29 (Years)  
(18) BIRTHPLACE Anderson Co., S.C.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) W. R. W. (24) State whether Physician or Midwife (25) Address of Physician or Midwife Pelzer S.C.

Given name added from a supplemental report  
191....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 7/10 1914 (28) 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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