

## (1) PLACE OF BIRTH

County of Marion  
 Township of Leaves  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

43639

Registration District 3705Registered No. 149  
(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 James Owens

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

(3) Boy (4) Twin or Triplet? (5) Number in order of birth (6) Sex Male (7) DATE OF BIRTH Nov 20 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME David Owens  
 (9) PRESENT POSTOFFICE OF FATHER Mullins  
 (10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 51 (Years)  
 (12) BIRTHPLACE Marion Co.  
 (13) OCCUPATION Farmer

## MOTHER

(14) NAME BEFORE MARRIAGE Annie Mullins  
 (15) PRESENT POSTOFFICE OF MOTHER Mullins  
 (16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 35 (Years)  
 (18) BIRTHPLACE Mullins  
 (19) OCCUPATION Home work

(20) Number of children born to mother, including present birth 10(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marion Mullins  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Mullins

Given name added from a supplemental report

(26) Witness J. M. Scheller  
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Dec 2 1922 (28) J. M. Scheller Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make the 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.