

(1) PLACE OF BIRTH

County of AndersonTownship of Hamor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17577

Registration District No. Registered No.
(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

Alma

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

3 BOY OR GIRL <u>Girl</u>	4 Twin or Triplet? To be answered only in event of Twins or Triplets	5 Number in order of birth	6 Are Parents Married? <u>yes</u>	7 DATE OF BIRTH <u>Jan 13 1922</u> (Name of Month) (Day) (Year)
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FATHER.

8 FULL NAME J. R. Owen9 PRESENT POSTOFFICE OF FATHER Millhainville S.C.R.10 COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)12 BIRTHPLACE S.C.13 OCCUPATION Farming14 number of children born to mother, including present birth 4

MOTHER.

14 NAME BEFORE MARRIAGE Lillie Browning15 PRESENT POSTOFFICE OF MOTHER Millhainville S.C.R.16 COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)18 BIRTHPLACE O.C.19 OCCUPATION Housewife20 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2.4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. E. Allard(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician, Liberty S.C.R. 2

Given name added from a supplemental report

(26) Witness

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

(27) Filed 19 (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.