

MAJOR RESERVE FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

FORM OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH County of <u>Alendale</u> Township of <u>11</u> 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.)		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 2908 </div>	
Registration District No. <u>4600</u>		Registered No. <u>17</u> (For use of Local Registrar)			
(2) Full Name of Child <u>Ethel Don Owens</u> (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 To be answered only in event of Twins or Triplets	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 15 22</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Walter Owens</u>			(14) NAME BEFORE MARRIAGE <u>Rose C. de Smith</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Alendale SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Alendale SC</u>		
(10) COLOR OR RACE <u>negro</u>			(17) AGE AT LAST BIRTHDAY <u>35</u> (Year)		
(11) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>		
(12) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farm Labor</u>		
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alb. C.</u> at <u>12</u> M., on the date above stated. <u>Feb 15 22</u> (Hour A. M. or P. M.)					
(23) (Signature) <u>Rena Grant</u>		(25) Address of Physician or Midwife <u>Alb. C. Alendale SC</u>			
(24) State whether <u>Midwife</u> Physician or Midwife		(26) Witness <u>L. B. Boyd</u> (Signature of witness necessary only when question 23 is signed by mark)			
Given name added from a supplemental report 19 .. Registrar		(27) Filed <u>Feb 25 22</u> at <u>L. B. Boyd</u> 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.					