

(1) PLACE OF BIRTH

County of Richland

Township of

or

Inc. Town of

City of Columbia S.C.

(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

5085

Registration District No. 38Registered No. 57

(For use of Local Registrar)

(2) Full Name of Child Mary Lavinia Owen

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth 3(6) Are Parents Married? Y(7) DATE OF BIRTH Feb. 22, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Thomas Marvin Owen

(9) PRESENT POSTOFFICE OF FATHER

College place, Columbia

(10) COLOR OR RACE

white(11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

Machinist

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

3

MOTHER

(14) NAME BEFORE MARRIAGE

Mattie Ruth Riley

(15) PRESENT POSTOFFICE OF MOTHER

College place, Columbia

(16) COLOR OR RACE

white(17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE

Orangeburg County

(19) OCCUPATION

Domestic

(20) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive, on the date above stated.

(23) (Signature)

Clarence E. Owen

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M. D. 1305 Laurel St.

(26) Given name added from a supplemental report

(26) Witness

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

(27) Edmund P. 102-3(28) C. J. Sloan

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.