

Hold over for information

(1) PLACE OF BIRTH

County of Deeone
Township of Wadsworth
or
Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
35855

Registration District No. 2.1.86 Registered No. 97
(For use of Local Registrar)

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

3) BOY OR GIRL? B 4) Twin or Triplet? 5) Number in order of birth 6) Are Parents Married? Yes 7) DATE OF BIRTH Sept 25, 1922
(Name of Month) (Day) (Year)

FATHER: 8) FULL NAME Geo. Franklin Owens 14) NAME BEFORE MARRIAGE Nates Gibson

9) PRESENT POSTOFFICE OF FATHER Wachallasce 15) PRESENT POSTOFFICE OF MOTHER Wachallasce

10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 30 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 24
(Year) (Year)

12) BIRTHPLACE Deeone Co S.C. 18) BIRTHPLACE Deeone Co S.C.

13) OCCUPATION Farmer 19) OCCUPATION Housewife

20) Number of children born to mother, including present birth 3 21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) John P. Gibson (24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Wachallasce

Given name added from a supplemental report

1-15-40
Martin B. Woodward, M.D.
Assistant State Registrar

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

(27) Filed Sept 25, 1922 (28) M. A. Williams 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.

MARGIN RESERVED FOR BINDING. WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN THE 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 2. MARY OF COLUMBIA, COLUMBIA, S. C.