

RECORD OF BIRTHS, DEATHS, AND MARRIAGES—THIS IS A PERMANENT RECORD.
 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.

(1) PLACE OF BIRTH

County of Greenville

Township of

OR

Inc. Town of

OR

City of Greenville

(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

4280

Registration District No. 22.A.

Registered No. 84

(For use of Local Registrar)

(2) Full Name of Child

Maggie Ruth Owens

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH Feb 3 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Daniel Owens

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C.

(10) COLOR OR RACE

col

(11) AGE AT LAST BIRTHDAY

54 (Years)

(12) BIRTHPLACE

Laurens S.C.

(13) OCCUPATION

Frenchman

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

13

MOTHER.

(14) NAME BEFORE MARRIAGE

Alice Jenkins

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY

44 (Years)

(18) BIRTHPLACE

Anderson Co. S.C.

(19) OCCUPATION

Housework

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

11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was, Alice at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour, P. M. or P. M.)

(23) (Signature)

Janie Sheard

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb 22 1922

(28)

E. Smith

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.

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