CERTIFICATE OF BIRTH

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

No. 31610

(1) PLACE OF BIRTH
County of Anderson
Township of Hall
or
Inc. Town of .....
or
City of .....

Registration District No. 304 Registered No. 113
(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 N. T. Owings

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

(3) BOY OR GIRL boy | (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 Nov 31 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lindsay Owings
(9) PRESENT POSTOFFICE OF FATHER Iva
(10) COLOR OR RACE negro
(11) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Anderson S
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Blackwell
(15) PRESENT POSTOFFICE OF MOTHER Iva
(16) COLOR OR RACE negro
(17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Anderson Co.
(19) OCCUPATION Home maker
(21) Number of children of this mother now living, including present birth 1

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. at 5 P. M. (Hour A. M. or P. M.)

(23) (Signature) Reported by Parker
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife .....

(Given name added from a supplemental report)
..... 19 .....
Registrar

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

(27) Filed Dec 3 1923 (28) S. M. McAdams
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.

WRITE PLAINLY. WITH UNFADING INK. USE PEN AND NOT PENCIL. DO NOT FOLD THIS CERTIFICATE. Make one of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH. Make one FIRST-BORN, No. 1; THE OTHER, No. 2, etc., in order of birth.

Bureau of Columbia, Columbia, S. C.