CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
71330

(1) PLACE OF BIRTH
County of Anderson
Township of Williamston
or
Inc. Town of .....
or
City of .....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 314 Registered No. 46
(For use of Local Reistrar)
(No. ..... St.; ..... Ward)

(2) Full Name of Child Dora Lucy May Owen } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Aug., 6, 1916 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME J Mac Owen	(14) NAME BEFORE MARRIAGE Dora Kay.
(9) PRESENT POSTOFFICE OF FATHER Williamston. S.C.	(15) PRESENT POSTOFFICE OF MOTHER Williamston S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Anderson Co - S.C.	(18) BIRTHPLACE Anderson Co - S.C.
(13) OCCUPATION Farmer	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth } 1	(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 Alive at 9.30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. L. Guyton

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Williamston. S.C.

Given name added from a supplemental report
....., 191....
..... Registrar

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

(27) Filed 8/11 1916 (28) Geo. W. Poore
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.

FORM ... MARGIN ...
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.
McCaw, of Columbia.