CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
4400

(1) PLACE OF BIRTH
County of McCormick
Township of 11
or
Inc. Town of
or
City of McCormick (No. 211 Church St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2209 Registered No. 59
(For use of Local Registrar)

(2) Full Name of Child Robert Thomas Owens
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	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy			Yes	Jan 19 1922

(4) To be answered only in event of Twins or Triplets

FATHER

(8) FULL NAME Walter Monroe Owens
(9) PRESENT POSTOFFICE OF FATHER Greenfield S C
211 Church St
(10) COLOR OR RACE W
(11) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE N.C.
(13) OCCUPATION Section worker
(20) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Ruth Irene Bishop
(15) PRESENT POSTOFFICE OF MOTHER Same
(16) COLOR OR RACE W.
(17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housework
(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 B. alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C J Rogers M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife McCormick S C

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 Jan 1 1922 (28) 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.

MAILING INSTRUCTIONS: FOLD AND MAIL TO STATE BOARD OF HEALTH, COLUMBIA, S. C. THIS CERTIFICATE CONTAINS ONE QUESTION MORE THAN THE STANDARD CERTIFICATE ADOPTED BY THE U. S. BUREAU OF THE CENSUS. IF THIS IS A PREMATURE BIRTH, 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, Columbia, S. C.

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