

MADE BY THE UNITED STATES GOVERNMENT
WHITE 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.
McGraw-Hill Book Co., New York, N. Y.

(1) PLACE OF BIRTH

County of Cherokee
Township of Waytonville
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only

3564

Registration District No. 1001 Registered No. 5
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child LeRoy Owens

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in case of Twin or Triplet</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>1-25-21</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Edmund Owens</u>			(14) NAME BEFORE MARRIAGE <u>Katie Roberson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Pacolet, S.C.R.I.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Pacolet, S.C.R.I.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>22</u> (Year)			(17) AGE AT LAST BIRTHDAY <u>21</u> (Year)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Tenant</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 109 M.,
on the date above stated. (Born alive of stillborn) (Hour A. M. or P. M.)

(23) (Signature) N. L. Knapp
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Pacolet, S.C.

Given name added from a supplemental report

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

(27) Filed Mar. 11, 1922 (28) M. B. Hallis 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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