

## (1) PLACE OF BIRTH

County of F. Courser  
 Township of McMullan  
 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

42430

Registration District No. 201 Registered No. 57  
 (For use of Local Registrar)

(No. .... St.; .... Ward)  
 City of .....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 18, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>R B Owens</u>	(14) NAME BEFORE MARRIAGE <u>Bona White</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Effingham</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Effingham</u>
(10) COLOR OR RACE <u>White</u>	(16) AGE AT LAST BIRTHDAY <u>47</u> (Years)	(10) COLOR OR RACE <u>White</u>	(16) AGE AT LAST BIRTHDAY <u>36</u> (Years)
(12) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>SC</u>	(13) OCCUPATION <u>Farm</u>	(18) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>3</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 born at 4:00 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A B Frankly  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife McMullan SC

Given name added from a supplemental report

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

(27) Filed Dec 28, 1922 (28) W. H. Daniel 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.

SOUTH CAROLINA, COLUMBIA, S. C.