

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—FILL IN A PERMANENT RECORD.
N. B.—In case of twins or triplets, fill in separate blanks for each child, and mark the first-born, No. 1, the other, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Spartanburg
Township of Spartanburg
or
Inc. Town of Whitney
or
City of _____

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

File No.—For State Registrar Only

5814

Registration District No. 4008 Registered No. 24
(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 Callie May Owensby (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 June 17, 1922
(State of Month) (Day) (Year)

FATHER.

(8) FULL NAME Orestes Owensby
(9) PRESENT POSTOFFICE OF FATHER Whitney S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE N.C.
(13) OCCUPATION Cottonmill Operator
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Hell Jackson
(15) PRESENT POSTOFFICE OF MOTHER Whitney S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE N.C.
(19) OCCUPATION Housewife
(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 9:41 A.M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) W. H. Chapman

(24) State whether Physician or Midwife. Phys

(25) Address of Physician or Midwife Whitney S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 25, 1922 (28) C. H. Parker 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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