

Form No. 10.

MARGIN RESERVED FOR BINDING.

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.

City of Columbia

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

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

File No.—For State Registrar Only
 49841

Registration District No. 3805 Registered No. 198
 (For use of Local Registrar)
 (2) Full Name of Child John Henry 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 <u>yes</u>	(7) DATE OF BIRTH <u>July 5, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Lee Owens</u>			(14) NAME BEFORE MARRIAGE <u>Janie Boatwright</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Mullins, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Mullins, S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>Marion Co.</u>			(18) BIRTHPLACE <u>Marion Co.</u>	
(13) OCCUPATION <u>Day Laborer</u>			(19) OCCUPATION <u>Day Laborer</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) 8 A. (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Margaret Mullins

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Mullins, S.C.

Given name added from a supplement-
 al report 191.....

(26) Witness Ed. Hogan
 (Signature of Witness necessary only
 when question 23 is signed by mother)

(27) Filed 7/7 1916 (28) Ed. Hogan
 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.