

## (1) PLACE OF BIRTH

County of LancasterTownship of Cannock

Inc. Town of .....

City of .....

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

2 Full Name of Child Berry Owen

File No.—For State Registrar Only

434?

Registration District No. 2801 Registered No. 3  
(For use of Local Registrar)

BOY OR GIRL?

B

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Feb 3 1923  
(None of Month) (Day) (Year)

## FATHER.

NAME

Berry Owen

PRESENT ADDRESS

Lancaster

AGE

15

(11) AGE AT LAST BIRTHDAY

19  
(Years)

BIRTHPLACE

Kershaw Co

OCCUPATION

Box Letter Handl.Number of children born to  
including present birth1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Annie Bell Long

(15) PRESENT POSTOFFICE OF MOTHER

Lancaster

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

23  
(Years)

(18) BIRTHPLACE

Lancaster Co

(19) OCCUPATION

Housewife(21) Number of children of this mother  
now living, including present birth1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Dr. C. S. Cash

Given name added from a supplementary report

Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)Feb 10 1923(25) W. H. Daffin  
Local RegistrarWhen there was no  
child breathed afterthen the father, householder, etc., should make this return. If  
as stillborn. No report is desired of stillbirths before the  
month of pregnancy.then the father, householder, etc., should make this return.  
No report is desired of stillbirths  
before the month of pregnancy.