(1) PLACE OF BIRTH

County of Abbeville

Township of .....

or

Inc. Town of .....

or

City of Abbeville

(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
17847

Registration District No. 1-A Registered No. 52
(For use of Local Reistrar)

(No. Magazine St.; 2nd Ward)

(2) Full Name of Child Lewis Monroe Owen

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 11, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Edgar Owen

(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 50 (Years)

(12) BIRTHPLACE Greensboro N.C.

(13) OCCUPATION Manufacturer Cotton

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Thomson Morrow

(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Verdery Greenwood Co. S.C.

(19) OCCUPATION Home wife.

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [illegible]

(24) State whether Physician or Midwife

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

Given name added from a supplemental report February 11, 1916.

[illegible] Registrar

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

(27) Filed June 14th 1916 (28) [illegible] 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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FORM NO. 5

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.

N. B.—Give name of Columbian McLaw.