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.

WRIT

N. B. McCaw, of Columbia.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
9068

(1) PLACE OF BIRTH
County of Abbeville
Township of
or
Inc. Town of
or
City of Abbeville (No. Blue Hill St.; 3rd Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1-A Registered No. 31
(For use of Local Registrar)

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

(3) BOY OR GIRL? Girl
(4) Twin or Triplet? X
(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 April 15 1915 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Owen
(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.
(10) COLOR OR RACE Negro
(11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Anderson S.C.
(13) OCCUPATION Day laborer
(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Williams
(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.
(16) COLOR OR RACE Negro
(17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE Abbeville S.C.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 A.M., (Born alive or Stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) X Nancy X Cowan

(24) State whether Physician or Midwife: Midwife

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

Given name added from a supplemental report
....., 191....
.....
Registrar

(26) Witness X John Cochran
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Apr. 21 1915 (28) T. G. Perrin
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.

.....
Registrar

Local Registrar.

McCaw, of

*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.