

(1) PLACE OF BIRTH

County of EdgefieldTownship of Pickens

Inc. Town of

City of

(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

28163

Registration District No. 1808Registered No. 33

(For use of Local Registrar)

(2) Full Name of Child Margaret Powell

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes

(7) DATE OF BIRTH

Sept 9, 1923

FATHER.

(8) FULL NAME George Powell(9) PRESENT POSTOFFICE OF FATHER Edgefield, S.C. R.F.D.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 31

(Years)

(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Permelia Ransom(15) PRESENT POSTOFFICE OF MOTHER Edgefield, S.C. R.F.D.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 36

(Years)

(18) BIRTHPLACE Edgefield(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was born alive at 1:30 A.M. on the date above stated. (Here alive or stillborn) (Hour A.M. or P.M.)(22) (Signature) A. R. Nicholson

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Edgefield, S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed 11/1/23(27) Oliver Lamb 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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