

(1) PLACE OF BIRTH
County of Charleston
Township of

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

File No.—For State Registrar Only
88680

Inc. TOWN of Registration District No. 9A Registered No. 1393
(For use of Local Registrar)
City of Charleston (No. 17 Carolina 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 Came Rebecca Powers } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? (7) DATE OF BIRTH Nov. 23, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Edwards Powers
(9) PRESENT POSTOFFICE OF FATHER Charleston SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Georgetown SC
(13) OCCUPATION Merchant
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Cemie Maud Howle
(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Lake City S.C.
(19) OCCUPATION None
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 130 A M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. Fraser Johnson
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 277 Calhoun St.

Given name added from a supplemental report
Came Rebecca Powers
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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 12/15/16 (28) J. M. ... 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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MADE BY THE REGISTER OF COLUMBIA