

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

OR  
Inc. Town of .....OR  
City of Charleston

(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 — (6) Are Parents Married? Y (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 Annie Maud Howle(15) PRESENT POSTOFFICE OF MOTHER Charleston SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Lake City SC(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 Brown

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician 277 Calhoun St.

Given name added from a supplemental report

191  
Came Rebecca Powers  
Registrar

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

(27) Filed 12/15/16 191 (28) J. M. Davis 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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