

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.

McCaw of Columbia.

(1) PLACE OF BIRTH

County of Georgetown  
 Township of .....  
 Inc. Town of Georgetown  
 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  
**64395**

Registration District No. 21-A Registered No. 52  
 (For use of Local Registrar)  
 St.; 16 Ward

(2) Full Name of Child Mary Margaret Powell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 30, 1926</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>James Monroe Powell</u>			(14) NAME BEFORE MARRIAGE <u>Laurie A. Keller</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Georgetown, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Georgetown, S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
(12) BIRTHPLACE <u>Harrellsville, N.C.</u>		(18) BIRTHPLACE <u>Ellenore, S.C.</u>		
(13) OCCUPATION <u>Merchant</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>one</u>		(21) Number of children of this mother now living, including present birth <u>one</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at Georgetown, S.C., June 29, 1926 on the date above stated.  
 (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) J. A. Zell  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Georgetown, S.C.

Given name added from a supplemental report  
affid. 2-25-50  
HL JMB  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
June 30, 1926 (27) Filed June 30, 1926 (28) Ad. M. G. 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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