

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.
MEMPHIS, COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Horry
Township of Conway
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

30719

Registration District No. 2522 Registered No.
(For use of Local Registrar)

City of (No. 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 Powell (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 26, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jno. H. Powell
(9) PRESENT POSTOFFICE OF FATHER Nichols, R. 2
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21
(Year) (12) BIRTHPLACE SC.
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Graham
(15) PRESENT POSTOFFICE OF MOTHER Nichols, R. 2
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
(Year) (18) BIRTHPLACE SC.
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. M.
on the date above stated. (Hour A. M. or P. M.)
(23) (Signature) J. D. Dwyer M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Conway, SC.

Given name added from a supplemental report
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19

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Oct 4, 1922 (28) J. D. Dwyer
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.