

## (1) PLACE OF BIRTH

County of Flamence  
 Township of Late  
 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

42406

Registration District No. 209 Registered No. 138  
 (For use of Local Registrar)

(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

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 6, 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Johnnie E. Powell  
 (9) PRESENT POSTOFFICE OF FATHER Leo H. R.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38  
 (Years)  
 (12) BIRTHPLACE Flamence SC  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Tyler  
 (15) PRESENT POSTOFFICE OF MOTHER Leo H. R.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31  
 (Years)  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marta P. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
 tal report

(26) Witness

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

(27) Filed 12/12/22

(28)

Local Registrar.

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.