

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.

McGAW OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Pickens
Township of Pickens
or
Inc. Town of
or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH OCT 24 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Homer Powell

(9) PRESENT POSTOFFICE OF FATHER Pickens S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31
(Year)

(12) BIRTHPLACE Pickens Co

(13) OCCUPATION Textile Operative

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Laura Piken

(15) PRESENT POSTOFFICE OF MOTHER Pickens S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31
(Year)

(18) BIRTHPLACE Jackson Co, N. C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) H. Vallentyne (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Pickens S.C.

Given name added from a supplemental report

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

(27) Filed 19 (28) Vortis 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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