

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.

(1) PLACE OF BIRTH

County of **Abbeville**

Township of

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.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
17244

Registration District No. **1a** Registered No. **57**

(For use of Local Registrar)

St. **3rd** Ward

2) Full Name of Child **Marion Ezra Powell**

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) Parents
Married?
Yes

(7) DATE **June 4 1922**
BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME **Marion Lester Powell**

(9) PRESENT
POSTOFFICE
OF FATHER **Abbeville, S.C.**

(10) COLOR
OR
RACE **White**

(11) AGE AT LAST
BIRTHDAY **21**
(Years)

(12) BIRTHPLACE
Abbeville County

(13) OCCUPATION
Mill Work

(20) Number of children born to
mother, including present birth **1**

MOTHER.

(14) NAME BEFORE
MARRIAGE **Corrie Brabham**

(15) PRESENT
POSTOFFICE
OF MOTHER **Abbeville**

(16) COLOR
OR
RACE **White**

(17) AGE AT LAST
BIRTHDAY **17**
(Years)

(18) BIRTHPLACE
Bamberg Co.

(19) OCCUPATION
Housewife

(21) Number of children of this mother
now living, including present birth **1**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **alive** at **12** P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *[Signature]*

(24) State whether Physician or Midwife

Physician

Given name added from a supplement-
tal report

(26) Witness
(Signature of Witness necessary only
when question 25 is signed by mark)

(27) Filed **June 9, 1922** (28) *[Signature]*
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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