

FORM NO. 8
 MARRIAGE REGISTERED THE BIRTHING
 WRITING 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.

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

File No.—For State Registrar Only
44894

(1) PLACE OF BIRTH
 County of Union
 Township of J. S. McKinney
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

Registration District No. 4205 Registered No. 154
 (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

| | | | | |
|---|---|---|--|---|
| (3) BOY OR GIRL? | (4) Twin or Triplet? <small>To be answered only in case of Twins or Triplets</small> | (5) Number in order of birth | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Aug 17 1914</u> <small>(Name of Month) (Day) (Year)</small> |
| FATHER. | | | | MOTHER. |
| (8) FULL NAME <u>Robt Thornton Powell</u> | | | (14) NAME BEFORE MARRIAGE <u>Olis Barnette</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Lockhart S.C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Lockhart S.C.</u> | |
| (10) COLOR OR RACE <u>white</u> | | (11) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small> | (17) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small> | |
| (12) BIRTHPLACE <u>Charter Co S.C.</u> | | | (18) BIRTHPLACE <u>S.C.</u> | |
| (13) OCCUPATION <u>mill work</u> | | | (19) OCCUPATION <u>domestic</u> | |
| (20) Number of children born to mother, including present birth { } | | | (21) Number of children of this mother now living, including present birth { } | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 2:30 P. M.,
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) W. D. Hopper
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lockhart S.C.

Given name added from a supplemental report 191.....
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Aug 13 1914 (28) D. G. Gallman 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.