

(1) PLACE OF BIRTH

County of Richland

Township of

Inc. Town of

City of Columbia (No. St. Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19968

Registration District No. 359

Registered No. 1469

(For use of Local Registrar)

(2) Full Name of Child... Albertina Powell

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? one (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH June 4 1922

To be answered only in case of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME W. L. Powell

(14) NAME BEFORE MARRIAGE Mattie Cooper

(9) PRESENT POSTOFFICE OF FATHER Colonial Hotel

(15) PRESENT POSTOFFICE OF MOTHER no Colonial Hotel

(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 25 (Years)

(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Augusta Ga

(18) BIRTHPLACE Sumter SC

(13) OCCUPATION day labor

(19) OCCUPATION house keep

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:15 am M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maggie Jones

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

mid wife 1417 Wherry St

Given name added from a supplemental report

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

(27) Filed 6-28-22 (28) 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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