

(1) PLACE OF BIRTH,  
County of Marion  
Township of Powell

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

File No.—For State Registrar Only  
**49845**

or  
Inc. Town of ..... Registration District No. .... Registered No. 7  
(For use of Local Registrar)  
or  
City of ..... (No. ....) SL; ..... Ward  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) ~~MALE~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH February 16  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Mingo Powell

(9) PRESENT POSTOFFICE OF FATHER Marion, S.C. T. #4

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37  
(Years)

(12) BIRTHPLACE Powell Township

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth } 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Powell

(15) PRESENT POSTOFFICE OF MOTHER Marion, S.C. T. #4

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28  
(Years)

(18) BIRTHPLACE Powell Township Marion Co.

(19) OCCUPATION Farming

(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 ..... at ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chas. Jones  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 3/2 ..... 1916 (28) C. H. Hall 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.

WHITE 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