

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Beulah Springs  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

Registration District No. 4000

File No. — For State Registrar Only

20155

Registered No. 27  
(For use of Local Registrar)

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

(2) Full Name of Child Mary Powell

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 22, 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Johnnie Powell  
 (9) PRESENT POSTOFFICE OF FATHER Tucuman St  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22  
 (Years)  
 (12) BIRTHPLACE Spartanburg  
 (13) OCCUPATION mill work

(20) Number of children born to mother, including present birth Two (2)

## MOTHER.

(14) NAME BEFORE MARRIAGE Clara Buchanan  
 (15) PRESENT POSTOFFICE OF MOTHER Tucuman St  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26  
 (Years)  
 (18) BIRTHPLACE Spartanburg  
 (19) OCCUPATION Home wife

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:10 p M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. Moore(24) State whether Physician or Midwife Phy(25) Address of Physician or Midwife Tucuman St

Given name added from a supplemental report

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

(27) Filed May 1, 22 (28) S. Moore Local Registrar.

\*When there was no attending physician or midwife, 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 sixth month of pregnancy.