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

PLACE OF BIRTH

County of ....Union....

Township of ..Pine Attray..

or
Town of ....

File No.—For State Register Only

19416

Registration District No. ..4226.. Registered No. ...36......
(For use of Local Registrar)

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

Full Name of Child.. Robert Powell .. { If child is not yet named, make supplemental report as directed

BOY OR GIRL? Boy	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? yes	(7) DATE OF BIRTH June 19 1923 (Name of Month) (Day) (Year)

FATHER.	MOTHER
FULL NAME Loyer Powell	(14) NAME BEFORE MARRIAGE Alsie Maudigu
PRESENT POSTOFFICE OF FATHER Kelton S.C.	(15) PRESENT POSTOFFICE OF MOTHER Kelton S.C.
COLOR OR RACE Black	(11) AGE AT LAST BIRTHDAY 35 (Years)	(16) COLOR OR RACE Black	(17) AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Union S.C.	(18) BIRTHPLACE Union S.C.
OCCUPATION Farming	(19) OCCUPATION Domestic
Number of children born to mother including present birth 6	(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Rebecca Brown

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

midwife | Kelton S.C.

name added from a supplemental report

.... 191....

........Registrar

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

(27) Filed July 9 1923 (28) D.F. Galluaure
........Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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