

(1) PLACE OF BIRTH
County of Pickens
Township of
or
Inc. Town of
or
(City of Ashep)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

No. 20788

Registration District No. 37m.A. Registered No. 127
(For use of Local Registrar)

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

(3) BOY OR GIRL 1st (4) Twin or Triplet no (5) Number in order of birth 1st (6) Are Parents Married yes (7) DATE OF BIRTH Sept 4 1923
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Walter Powell
(9) PRESENT POSTOFFICE OF FATHER Ashep S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
(Year) (12) BIRTHPLACE N.C.
(13) OCCUPATION mill Hand
(14) Number of children born to mother, including present birth 2nd

MOTHER.
(14) NAME BEFORE MARRIAGE Essie Hollister
(15) PRESENT POSTOFFICE OF MOTHER Ashep S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20
(Year) (18) BIRTHPLACE S.C.
(19) OCCUPATION mill Hand
(20) Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
(21) I hereby certify that I attended the birth of this child, who was alive at 1 A. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)
(22) (Signature) Wm. J. C. ...
(23) State whether Physician or Midwife (24) Address of Physician or Midwife Ashep S.C.

Given name added from a supplemental report
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.....
.....

(25) Witness
(Signature of Witness necessary only when question 22 is signed by mark)
(26) Filed Oct. 4, 1923 (27) P. F. V. 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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