

## (1) PLACE OF BIRTH

County of

Township of

OF

Inc. Town of

OF

City of

(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

File No.—For State Registrar Only

17290

Registration District No. 1201

Registered No. 17290  
(For use of Local Registrar)

## (2) Full Name of Child

Margaret Pearl Powell

(3) BOY OR GIRL

Girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 30, 1923

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

Will Powe

(9) PRESENT POSTOFFICE OF FATHER

Churaw S C

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

37

(12) BIRTHPLACE

S C

(13) OCCUPATION

Farmer

## MOTHER

(14) NAME BEFORE MARRIAGE

Honey Sellers

(15) PRESENT POSTOFFICE OF MOTHER

Churaw S C

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

28

(18) BIRTHPLACE

S C

(19) OCCUPATION

Farm laborer

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

12

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

12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Winey Segre

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Given name added from a supplemental report

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

(27) Filed June 30, 1923 (28) P. B. Ingman

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.