

(1) PLACE OF BIRTH

County of GreeneTownship of Anna

Inc. Town 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

26080

Registration District No. 2016 Registered No. 15

(For use of Local Registrar)

City of (No. St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL? Inf (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 20 1912
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Walter A. Powell(14) NAME BEFORE MARRIAGE Cora Turner(9) PRESENT POSTOFFICE OF FATHER Hymon-SC(15) PRESENT POSTOFFICE OF MOTHER Hymon(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28 (Years)(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE SC(18) BIRTHPLACE SC(13) OCCUPATION Farmer(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 2(21) Number of children of this mother now living, including present birth 2

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) W. H. D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Johnsville

Given name added from a supplemental report

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

(27) Filed Aug 1 1912 (28) W. H. D. 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.

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