

No. 3

## PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

3593

City of DarlingtonWardship of St. James

Town of .....

Registration District No. 1404Registered No. 4  
(For use of Local Registrar)(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(No. .... St. .... Ward)Full Name of Child Cheriee Powell

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

BOY OR

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Feb 2, 1923  
(Name of Month) (Day) (Year)

FULL NAME

FATHER

Janie Powell

PRESENT POSTOFFICE OF FATHER

LamarCOLOR OR RACE  
BIRTHPLACE10

(11) AGE AT LAST BIRTHDAY

(Year)

10

OCCUPATION

Farmer

Number of children born to mother, including present birth

2

MOTHER

Paula Fennell

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

Lamar

(16) COLOR OR RACE

10

(17) AGE AT LAST BIRTHDAY

(Year)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Domestic

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4 P. M., on the date above stated.  
(Born alive or stillborn; (Hour A. M. or P. M.)

(22) (Signature)

Willie Cooper

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Lamar

Name added from a supplemental report

(26) Witness

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

(27) Filed Feb 23, 1923H. J. Chaplin

Local Registrar

19  
Registrar

If 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.