

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only
59727

(1) PLACE OF BIRTH

County of DillonTownship of Manningor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? Twins (5) Number in order of birth 2nd (6) Are Parents Married? Yes (7) DATE OF BIRTH April 30 (Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Isaac Powell (14) NAME BEFORE MARRIAGE Lucy Powell

(9) PRESENT POSTOFFICE OF FATHER Dillon (15) PRESENT POSTOFFICE OF MOTHER Dillon

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.

(13) OCCUPATION Farmer (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 9 (21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 13 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. Manning

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

Given name added from a supplemental report

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..... Registrar

(26) Witness Robert G. M.D.

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

(27) Filed May 11 1916 (28) Sam McChesney

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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.