

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 K. 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 8.

Division of Statistics, Columbia, S. C.

(1) PLACE OF BIRTH

County of Georgetown
 Township of
 or
 Inc. Town of
 or
 City of Georgetown
 (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. for State Registrar Only
28377

Registration District No. 21-A

Registered No. 5-6
 (For use of Local Registrar)

(2) Full Name of Child David Powell

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 5 1927</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>John Monroe Powell</u>			(14) NAME BEFORE MARRIAGE <u>Laura Keller</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Georgetown SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Georgetown SC</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)	
(12) BIRTHPLACE <u>Harrisville NC</u>			(18) BIRTHPLACE <u>Elmore SC</u>	
(13) OCCUPATION <u>Merchant</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>Four</u>			(21) Number of children of this mother now living, including present birth <u>Four</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:44 M., on the date above stated. (Hour M. or P. M.)

(23) (Signature) J. A. Bell M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Signed Date Mar 23 1927 (28) Mrs. R. J. King
 Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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