

## (1) PLACE OF BIRTH

County of LumburgTownship of Keokuk

or

Inc. Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. H3.02

File No. - For State Registrar Only

2693

Registered No. 3

(For use of Local Registrar)

(No. 3; St.; 3 Ward)

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

(2) Full Name of Child Margaret R. Powell

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet

(5) Month or order of birth

(6) Are Parents Married Yes

(7) DATE OF BIRTH

Jan 8, 1922  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Louise Powell(9) PRESENT POSTOFFICE OF FATHER Keokuk(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 22  
(Years)(12) BIRTHPLACE Lumburg(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

## MOTHER

(14) NAME BEFORE MARRIAGE Sarah J. Bradshaw(15) PRESENT POSTOFFICE OF MOTHER Keokuk(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 27  
(Years)(18) BIRTHPLACE Lumburg(19) OCCUPATION Housekeeper(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Verline E. Shaw

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

Given name and last name of physician or midwife

(26) Witness Louise Powell

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

(27) Filed Jan 15, 1922 (28) Keokuk 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.