

(1) PLACE OF BIRTH

County of Flourence, S.C.
 Township of Flourence
 OR
 Inc. Town of
 OR
 City of Flourence

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. For State Registrar Only
64266

Registration District No. 20-A Registered No. 148
 (For use of Local Registrar)
 (No. S. Church St.; 2 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) ~~BOY OR~~ GIRL? (4) ~~Tw~~ or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 11 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME A. G. Powell
 (9) PRESENT POSTOFFICE OF FATHER Flourence
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Years)
 (12) BIRTHPLACE Flourence County, S.C.
 (13) OCCUPATION Police man
 (20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Longston
 (15) PRESENT POSTOFFICE OF MOTHER Flourence
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)
 (18) BIRTHPLACE Flourence County, S.C.
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William M. D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Flourence, S.C.

Given name added from a supplemental report

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

(27) Filed June 14 1916 (28) M. H. Fager 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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MARGIN RESERVED FOR BINDING.
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. 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.

McCaw, of Columbia.