

(1) PLACE OF BIRTH

County of Florence, S.C.  
Township of Florence

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

File No. For State Registrar Only  
**64266**

Inc. Town of ..... Registration District No. RD-A Registered No. 148  
(For use of Local Registrar)  
City of Florence (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) **Twin or Triplet?** (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 11 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE Mattie Longston  
(15) PRESENT POSTOFFICE OF MOTHER Florence  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)  
(18) BIRTHPLACE Florence 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 A. Johnston, M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Florence, 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. Farger 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.