

WRITE 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.

## (1) PLACE OF BIRTH

County of Florence  
Township of Sumter  
or  
Inc. Town of \_\_\_\_\_  
or  
City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of HealthFile No.—For State Registrar Only  
**64389**Registration District No. 2017 Registered No. 6  
(For use of Local Registrar)

## (2) Full Name of Child

Francis L. Powell If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? boy(4) Twin or Triplet? no(5) Number in order of birth 24(6) Are Parents Married? yes(7) DATE OF BIRTH June 26 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Oscar Powell(9) PRESENT POSTOFFICE OF FATHER Lake City SC(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Florence SC(13) OCCUPATION farmer(20) Number of children born to mother, including present birth four

## MOTHER.

(14) NAME BEFORE MARRIAGE Linnie Daniels(15) PRESENT POSTOFFICE OF MOTHER Lake City SC(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE Florence SC(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive, at 11:45 P. M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) J. D. Williams(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Lake City SC

Given name added from a supplemental report

Nov 11 1916  
C. D. Williams  
Registrar

(26) Witness

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

(27) Filed June 30 1916(28) C. D. Williams  
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.