

(1) PLACE OF BIRTH

County of Berkeley
 Township of Atthanas
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6654

Registration District No. 707Registered No. 13
(For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Emma Powell (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? yes (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 27, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME David Powell(9) PRESENT POSTOFFICE OF FATHER Wando SC(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 25 (Year)(12) BIRTHPLACE Berkeley(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Enslin Jenkins(15) PRESENT POSTOFFICE OF MOTHER Wando SC(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 24 (Year)(18) BIRTHPLACE Berkeley(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Grace Bennett(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wando SC

Given name added from a supplemental report

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

(27) Filed Apr 5 22 (28) Mrs W G Cook 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.