

(1) PLACE OF BIRTH

County of Marion
 or
 Township of Bowling
 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
31257

Registration District No. 3206

Registered No. 33
 (For use of Local Registrar)

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

(2) Full Name of Child Laura Powell

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

3) SEX—BOY OR GIRL? Girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? yes 7) DATE OF BIRTH Sept 28, 1922
 (Name) (Month) (Day) (Year)

FATHER.

8) FULL NAME John Powell
 9) PRESENT POSTOFFICE OF FATHER Marion P.O. N.C.
 10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 47
 12) BIRTHPLACE Marion Co. N.C.
 13) OCCUPATION Farmer

MOTHER.

14) NAME BEFORE MARRIAGE Laura Liney
 15) PRESENT POSTOFFICE OF MOTHER Marion P.O. N.C.
 16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 26
 18) BIRTHPLACE Marion Co. N.C.
 19) OCCUPATION House-wife

20) Number of children born to mother, including present birth 3

21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8.9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Venus Collins

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Marion P.O. N.C.

Given name added from a supplemental report

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

(27) Filed Sept 30, 1922 (28) J. M. Gortwright 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.