

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of Charleston  
Township of St. James Parter  
or  
Inc. Town of McClanville  
or  
City of .....

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

10355

Registration District No. 706 Registered No. .... 30  
(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 Ribecca Powell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? twins (5) Number in order of birth 8 (6) Are Parents Married? yes (7) DATE OF BIRTH Apr 29 1922  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME William Powell  
(9) PRESENT POSTOFFICE OF FATHER McClanville  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38 (Years)  
(12) BIRTHPLACE Charleston Co  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 8

(14) NAME BEFORE MARRIAGE Hollis Eddlers  
(15) PRESENT POSTOFFICE OF MOTHER McClanville  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 32 (Years)  
(18) BIRTHPLACE Charleston Co  
(19) OCCUPATION slay Labor  
(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 born alive at 9 a M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hollis Markham  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife McClanville

Given name added from supplemental report: .....  
(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) .....  
(27) File May 7 1922 (28) Local Registrar: Red. O. Beckman

\*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.

In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD and mark the FILE NUMBER. No. 2. THIS FORM, No. 2, etc., in question 2