

Form No. 1

(1) PLACE OF BIRTH

County of Sumter
 Township of Blacksville
 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

10035

Registration District No. 5-1-4 Registered No. 43
 (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 Natalie Louise Powers (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 16 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Natalie E. Powers
 (9) PRESENT POSTOFFICE OF FATHER Blacksville
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Natalie M. Howard
 (15) PRESENT POSTOFFICE OF MOTHER Blacksville
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION _____
 (21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 7:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) O. D. Hammond (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife _____

Given name added from a supplemental report.

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

(27) Filed May 1 1922 (28) O. D. Hammond 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.