

Form No. 10.

MARGIN RESERVED FOR BINDING.

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.

City of Columbia

McGraw

(1) PLACE OF BIRTH  
 County of Greenville  
 Township of 9  
 or  
 Inc. Town of ..... Registration District No. 2310 Registered No. 92  
 or  
 City of ..... (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 Olie James 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 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 21 1915  
 (Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Abner Powell (14) NAME BEFORE MARRIAGE Mary Lee Powell

(9) PRESENT POSTOFFICE OF FATHER Minety Bix S.C. (15) PRESENT POSTOFFICE OF MOTHER Minety Bix S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 38  
 (Years) (Years)

(12) BIRTHPLACE Greenville Co. (18) BIRTHPLACE Greenville Co.

(13) OCCUPATION Farming (19) OCCUPATION Farming

(20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. M. Anderson

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 96 S.C.

Given name added from a supplemental report

J. M. Turner 1915  
 Registrar

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

(27) Filed ..... 1915 (28) J. M. Turner 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.

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