

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
McCREY

(1) PLACE OF BIRTH
 County of Greenville **CERTIFICATE OF BIRTH**
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 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.)

File No.—For State Registrar Only
43139

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <small>to be answered only in case of twin or triplets</small>	(5) Number in order of birth <u>5</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 21 1915</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Abner Powell</u>	(14) NAME BEFORE MARRIAGE <u>Mary Lee Powell</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Trinity Bldg. S. C.</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Trinity Bldg. S. C.</u>	(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Greenville Co.</u>	(18) BIRTHPLACE <u>Greenville Co.</u>			(19) OCCUPATION <u>Farming</u>
(13) OCCUPATION <u>Farming</u>	(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>

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

Given name added from a supplemental report

J. M. Frances 1915
 Registrar

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

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