

(1) PLACE OF BIRTH

County of LaurensTownship of Youngsor
Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

90677

Registration District No. 2905Registered No. 101

(For use of Local Registrar)

(2) Full Name of Child Levada Powers

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 23, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Powers(9) PRESENT POSTOFFICE OF FATHER Woodruff, S.C.(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 28
(Years)(12) BIRTHPLACE Hartenburg Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { Five

MOTHER.

(14) NAME BEFORE MARRIAGE Archie Winn(15) PRESENT POSTOFFICE OF MOTHER Woodruff, S.C.(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 26
(Years)(18) BIRTHPLACE Hartenburg Co.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth { Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:15 P. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) David M. Moore, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Woodruff, S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filled 1/10, 1917

(28)

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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FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 2.

McNary of Columbia.



A K S . A F E T Y