

(1) PLACE OF BIRTH County of <u>Pickens</u> Township of <u>Coastal</u> or 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 Registration District No. <u>3703</u> Registered No. <u>16</u> (For use of Local Registrar)		File No.—For State Registrar Only 36084
(2) Full Name of Child <u>Alice Bernice Powell</u> (If child is not yet named, make supplemental report as directed)				
(3) SEX GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct. 22, 22</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Pick Allison Powell</u>		(14) NAME BEFORE MARRIAGE <u>Mary Elizabeth Hill</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Murphy, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Murphy, S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>41</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>40</u> (Years)	
(12) BIRTHPLACE <u>Pickens County, S.C.</u>		(18) BIRTHPLACE <u>Pickens Co. S.C.</u>		
(13) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>7</u>		(21) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alice at 5: P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alice Adams

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Murphy, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Nov 25, 22

(28) C. T. Winchester

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.