

(1) PLACE OF BIRTH

County of LancasterTownship of Lake

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

18633

Registration District No. 2009 Registered No. 5-1
(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 William Beaman Powell If child is not yet named, make supplemental report as directed3) BOY OR GIRL? Boy 4) Twin or Triplet? 1 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH June 27 19 22
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Seldon Powell9) PRESENT POSTOFFICE OF FATHER Hemingway N.C.R.10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 28 (Years)12) BIRTHPLACE NC13) OCCUPATION Farmer14) Number of children born to mother, including present birth 3

MOTHER.

14) NAME BEFORE MARRIAGE Mollie Tilton15) PRESENT POSTOFFICE OF MOTHER Hemingway N.C.R.16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 27 (Years)18) BIRTHPLACE NC19) OCCUPATION Homemaker20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Ducane Jones (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hemingway N.C.R.

Given name added from a supplemental report

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

(27) Filed 9/4 19 22 (28) R. L. Carter 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.