

MARGIN RESERVE FOR BINDING.
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 2.
BUREAU OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston
Township of Wagner
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 Registrar Only
16158

Registration District No. 2-5-06 Registered No. 5-7
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(2) Full Name of Child Henry Keith Powell

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 1, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Sam Harrison Powell
(9) PRESENT POSTOFFICE OF FATHER Walhalla
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (years)
(12) BIRTHPLACE Charleston
(13) OCCUPATION carpenter
(20) Number of children born to mother, including present birth 5

MOTHER.
(14) NAME BEFORE MARRIAGE Maie Wilson
(15) PRESENT POSTOFFICE OF MOTHER Walhalla
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (years)
(18) BIRTHPLACE Charleston
(19) OCCUPATION housewife
(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 born alive or stillborn on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)
(23) (Signature) Adolph H. Stetson
(24) State whether Physician or Midwife Physician (25) Address Walhalla

Given name added from a supplemental report
(26) Witness Samuel H. Wilson
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed May 3, 1922 (28) Keith 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.