

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA.  
BUREAU OF VITAL STATISTICS  
State Board of Health

File No. - See State Register City  
**14522**

Name of ..... *Alexander* (See box of Local Identifier) (See box of Local Identifier)  
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 Full Name of Child. .... *Alexander Powell Jr.* ; If child is not yet named, make  
 supplemental report as directed

(10) Twin or Triple?	(11) Number in order of birth	(12) Are parents married?	(13) DATE OF BIRTH <i>26, 1953</i> (Month of Month) (Year) (Year)
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FATHER:

FULL NAME *Allen Powell*

POSITION  
POSTOFFICE  
OF FATHER *Washington*

COLOR  
OR  
RACE *Col* (14) AGE AT LAST  
BIRTHDAY *23* (Years)

BIRTHPLACE

OCCUPATION *Cayce days  
Chauffeur*

Number of children born to mother, including present birth *One*

(14) NAME BEFORE MARRIAGE	<i>Lbbie Ramsey</i>
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(15) PRESENT POSITION OF MOTHER	<i>Cayce SC</i>
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(16) COLOR OR RACE	<i>Col</i> (17) AGE AT LAST BIRTHDAY <i>20</i> (Years)
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(18) BIRTHPLACE	<i>Cayce SC</i>
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(19) OCCUPATION	<i>House wife</i>
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(20) Number of children of this mother now living, including present birth	<i>1 P.R.B.</i>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *alive* at *4:00 A.M.* (Pregnancy or stillborn) (Hour A. M. or P. M.) on the date above stated.

(21) (Signature) *W.R. Clay, M.D.*  
 (22) State where Physician or Midwife *Physician Cayce* (23) Address of Physician or Midwife *Cayce SC*

No name added from a supplemental report

..... 101 .....

Registrar

(24) Witness (Signature of witness necessary only when question 23 is signed by *me*)

(25) Date *May 16* 101.... (26) ..... Local Registrar

If 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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