

## (1) PLACE OF BIRTH

County of *Marion*Township of *Lowell*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. *3206*

File No.—For State Registrar Only

15900

Registered No. *12*  
(For use of Local Registrar)(2) Full Name of Child *Louis Alston Powell*

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

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>No</i> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>May 6 1922</i> (Name of Month) (Day) (Year)
-----------------------------	---	------------------------------	-------------------------------------	---

FATHER.		MOTHER.	
(8) FULL NAME <i>Louis Powell</i>	(14) NAME BEFORE MARRIAGE <i>Mary Alston</i>	(9) PRESENT POSTOFFICE OF FATHER <i>Marion, S.C. Route 4</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Marion, S.C. Route 4</i>
(10) COLOR OR RACE <i>Negro</i>	(11) AGE AT LAST BIRTHDAY <i>57</i> (Years)	(16) COLOR OR RACE <i>Negro</i>	(17) AGE AT LAST BIRTHDAY <i>45</i> (Years)
(12) BIRTHPLACE <i>Marion Co., S.C.</i>	(18) BIRTHPLACE <i>Marion Co., S.C.</i>	(13) OCCUPATION <i>Farmer</i>	(19) OCCUPATION <i>Housewife</i>
(20) Number of children born to mother, including present birth <i>19</i>	(21) Number of children of this mother now living, including present birth <i>10</i>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *2 P.* M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *[Signature]*(24) State whether Physician or Midwife *Physician*(25) Address of Physician or Midwife *Marion, S.C.*

Given name added from a supplemental report

(26) Witness *[Signature]*  
(Signature of Witness necessary only when question 23 is signed by mark)19  
Registrar(27) Filed *May 7 1922*(28) *F. M. Boatwright*  
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.