

N. B.—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 3.

MOBAY OF COLUMBIA, COLUMBIA S. C.

(1) PLACE OF BIRTH

County of York
 Township of York
 or
 Inc. Town of York
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
20475

Registration District No. 44A Registered No. 66
 (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 Unnamed Female

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 20, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME William Powell
 (9) PRESENT POSTOFFICE OF FATHER York, S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20
 (12) BIRTHPLACE York, S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Ocie, Bishop
 (15) PRESENT POSTOFFICE OF MOTHER York S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19
 (18) BIRTHPLACE York, S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:30 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Oddie F. ...
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife York, S.C.

Given name added from a supplemental report

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

(27) Filed 19 (28) 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.

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