

(1) PLACE OF BIRTH

County of Dillon
 Township of Langley
 or
 Inc. Town of
 or
 City of Bath S.C.
 (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

File No.—For State Registrar Only

6316

Registration District No. 177A Registered No. 16
 (For use of Local Registrar)

(2) Full Name of Child Lettie Irene Powell (No. St.; Ward)
 (If child is not yet named, make supplemental report as directed)

(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 March 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charlie Edward Powell
 (9) PRESENT POSTOFFICE OF FATHER Bath S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36
 (Years)
 (12) BIRTHPLACE Augusta Ga.
 (13) OCCUPATION mill work
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Irene Mc Kenney
 (15) PRESENT POSTOFFICE OF MOTHER Bath S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32
 (Year)
 (18) BIRTHPLACE Edgefield S.C.
 (19) OCCUPATION house work
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jno. L. Green M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Bath S.C.

Given name added from a supplement-
 tal report

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

(27) Filed March 13 1914 (28) L. W. Spradley
 Registrar 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.

MADE BY COLUMBIA, COLUMBIA, S. C.
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.