

**CERTIFICATE OF BIRTH**  
**STATE OF SOUTH CAROLINA**  
**Department of Vital Statistics**  
**State Board of Health**

No. 22528

City of Spartanburg  
 County of Woodruff  
 Registration District No. 40-13 Registered No. 58  
 (For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same instead of street and number.

Full Name of Child Infant Powers If child is not yet named, make supplemental report as directed

(1) Sex Boy (2) Twin or Triplet? No (3) Number in order of birth 1st (4) Age 1 yr (5) DATE OF BIRTH July 31 23  
 (6) Color of Skin White (7) Age at last birthday 4 yr

**FATHER**  
 (10) NAME BEFORE MARRIAGE Mr. J. Powers  
 (11) PRESENT RESIDENCE OF FATHER Woodruff S.C.  
 (12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 45  
 (14) BIRTHPLACE Spartanburg Co  
 (15) OCCUPATION Cotton Mill Operator

**MOTHER**  
 (16) NAME BEFORE MARRIAGE Malissa Boyter  
 (17) PRESENT RESIDENCE OF MOTHER Woodruff S.C.  
 (18) COLOR OR RACE White (19) AGE AT LAST BIRTHDAY 42  
 (20) BIRTHPLACE Spartanburg Co  
 (21) OCCUPATION Domestic

(22) Number of children born to mother, including present birth 6 (23) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive at 11 50 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(24) (Signature) J. J. Powers (25) Address of Physician or Midwife Woodruff S.C.  
 (26) State whether Physician or Midwife Father

(27) Witness (Signature of Witness necessary only when question 26 is signed by mark) July 31 1923 (28) Chas. L. Boyter 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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