

Form No. 3

## (1) PLACE OF BIRTH

County of Albermarle

Township of .....

or  
Inc. Town of .....or  
City of Albermarle

(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

34338

Registration District 20 ARegistered No. 325

(For use of Local Registrar)

St. 2 Ward

## (2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parent Married? <u>Yes</u>	(7) DATE OF BIRTH (Month) <u>Oct</u> (Day) <u>5</u> (Year) <u>1922</u>
FATHER			MOTHER	
(8) FULL NAME <u>William Andrew Powell</u>			(14) NAME BEFORE MARRIAGE <u>Jennie Hatchett</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Albermarle</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Albermarle</u>	
(10) COLOR OR RACE <u>Wh</u>	(11) AGE AT LAST BIRTHDAY <u>41</u>		(16) COLOR OR RACE <u>Wh</u>	(17) AGE AT LAST BIRTHDAY <u>37</u>
(12) BIRTHPLACE <u>Winston Co., N.C.</u>			(18) BIRTHPLACE <u>Albermarle</u>	
(13) OCCUPATION <u>Printer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Overallly stillborn) (Hour A.M. or P.M.) 6:40 A.M.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Signature of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1-719 22

(28) P. H. Bughan

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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 5.

BUREAU OF COLUMBIA, COLUMBIA, S. C.