

(1) PLACE OF BIRTH

County of Jasper
 Township of W. Catalis
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4648

Registration District No. 26.01Registered No.
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child James Edward Crosswell Roshell child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? Single (5) Number in order of birth First (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 29, 22
 To be answered only in event of Twin or Triplet (Type of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Paul Edward Powell</u>	(14) NAME BEFORE MARRIAGE <u>Ma F. Birch</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Crosswell Roshell</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Crosswell Roshell</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>16</u> (Year)
(12) BIRTHPLACE <u>St. Hill, Hampton County</u>	(18) BIRTHPLACE <u>Ravenel S C</u>	(19) OCCUPATION <u>House Wife</u>	(20) Number of children of this mother now living, including present birth <u>One</u>
(13) OCCUPATION <u>Domestic</u>	(21) Number of children born to mother, including present birth <u>One</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5:37 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Chas. L. Houston D.O.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Selma, S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb 12, 22 (28) R. W. Roberts, Jr. 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.

MACAM OF COLUMBIA, COLUMBIA, D. C.
 IN CASE OF TWINS OR TRIPLETS USE SEPARATE BLANKS FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.