

Form No. 1.

(1) PLACE OF BIRTH
 County of Anderson
 Township of Harvin
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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
48060

Registration District No. 315 Registered No. 19
 (For use of Local Registrar)
 (2) Full Name of Child William Earl Powell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 28, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Ernest Bandland</u>		(10) NAME BEFORE MARRIAGE <u>Hella Melton</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Liberty S.C.H.</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Liberty S.C.H.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>	(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Anderson Co S.C.</u>		(14) BIRTHPLACE <u>Anderson Co S.C.H.</u>		
(13) OCCUPATION <u>Farming</u>		(15) OCCUPATION <u>Housewife</u>		
(16) Number of children born to mother, including present birth <u>2</u>		(17) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

M.B. Woodward, M.D. (23) (Signature) H. L. G. Good
affd. 4/24/16 (24) State whether Physician or Midwife Physician Liberty S.C.H.
 (25) Address of Physician or Midwife

Given name added from a supplemental report James M. 1916
Cornell
State Registrar

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

(27) Filed 3/8 1916 (28) W. L. L. L. 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.

MARGIN RESERVED FOR BINDING.
 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.
 McCaw of Columbia