

PLACE OF BIRTH

County of GreenvilleTownship of Greenville

or

Town of _____

or

City of _____

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2209-A

FILE No.—For State Registrar Only

30493-aRegistered No. 151

(For use of Local Registrar)

(No. Third AvenueSt. Park Place Ward)

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

FULL NAME OF CHILD Earle Walker Powers

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

Sex of Child BOY	If Plural Births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term	7. Legitimate?	Yes	8. Date of Birth	<u>Sept. 14th, 1922</u>
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14. Full name of FATHER <u>Noah Clifton Powers</u>		18. Full maiden name of MOTHER <u>Ruth Floy Smith</u>	
15. Residence (usual place of abode) <u>Third Ave., Park Place Greenville, S.C.</u>		19. Residence (usual place of abode) <u>Same as Husband</u>	
20. Color or race <u>White</u>		21. Age at last birthday <u>23</u> (Years)	
22. Birthplace (city or place) <u>Piedmont, South Carolina</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>At Home</u>		25. Date (month and year) last engaged in this work	
26. Total time (years) spent in this work		27. Total time (years) spent in this work	

of children of this mother of this birth and including this child) 2 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

~~Physician who attended birth is deceased~~
~~Report of birth made by mother in this case~~

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 5:15 P. m. on the date above stated (Born alive or stillborn)

(Signed) Mrs. Ruth F. Powers M. D. Midwife

Address GREENVILLE, S. C.

Filed June 11, 1921 A. H. Mackey Registrar

Subscribed to before me this June 11th, 1931

Mrs. Lillah E. Sanders Notary Public for S. C.

1. PLACE OF BIRTH

County of Greenville
 Township of X
 or
 Inc. Town of _____
 or
 City of Greenville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

30371-a

Registration District No. _____ Registered No. _____
 (For use of Local Registrar)
 (No. Second St.: Oak Place Ward)

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

2. FULL NAME OF CHILD Earl Walker Powers

{ If child is not yet named, make supplemental report as directed.

3. BOY OR GIRL Boy 4. Twin or Triplet _____ 5. Number in order of birth _____ 6. Are Parents Married? Yes 7. DATE OF BIRTH Sept 14 1922
 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

FULL NAME Noah Clifton PowersPRESENT POSTOFFICE OF FATHER DeadCOLOR OR RACE White 11. AGE AT LAST BIRTHDAY 27 (Years)BIRTHPLACE Georgia (address unknown)OCCUPATION Cabinet makerNumber of children born to mother, including present birth { 2

MOTHER

14. NAME BEFORE MARRIAGE Smith15. PRESENT POSTOFFICE OF MOTHER Greenville S.C.16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 24 (Years)18. BIRTHPLACE Piedmont, S.C. Anderson Co.19. OCCUPATION House-keeper21. Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 3 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature Birth Day Powers 24. State whether Physician or Midwife mother 25. Address of Physician or Midwife 3 Bunsonville Road

Name added from a supplemental report

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Registrar

27. Filed 10-9 1922

Local Registrar.

If there was no attending physician or midwife, then the father, householder, etc., should make this return.
 If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.