

## 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.

Boy or Girl  
BOYIf Plural  
births \_\_\_\_\_

4. Twin, triplet, or other \_\_\_\_\_

5. Premature \_\_\_\_\_

7. Legit \_\_\_\_\_

8. Date of  
birth \_\_\_\_\_Sept. 14th, 1922

5. Number, in order of birth \_\_\_\_\_

Full term \_\_\_\_\_

mate? Yes

(Month, day, year)

Full  
name

FATHER

Noah Clifton PowersPlace (usual place of abode) Third Ave., Park Place  
(If nonresident, give place and State) Greenville, S.C.Color or race White12. Age at last birthday 27 (Years)

Place (city or place)

State or country GeorgiaTrade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.TextileIndustry or business in which  
work was done, as silk mill,  
sawmill, bank, etc.WeaverDate (month and year) last  
engaged in this work \_\_\_\_\_

17. Total time (years)

spent in this work \_\_\_\_\_

19 \_\_\_\_\_

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 0months Physician who attended birth is deceased Before labor

report of birth made by mother in this \_\_\_\_\_

## 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 statedWhen there was no attending physician  
or midwife, then the father, householder,  
should make this return.Name added from  
supplemental report \_\_\_\_\_

(Date of)

Registrar.

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

or \_\_\_\_\_ Midwife

Address GREENVILLE, S.C.Filed June 11, 1921 A.H. Mackay

Registrar.

Subscribed to before me this June 11th, 1931Mrs. Lillah E. SandersNotary Public for  
S.C.

## 1. PLACE OF BIRTH

County of GreenvilleTownship of X

or

Inc. Town of

or Greenville

City of

(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

30379-a

Registration District No.

Registered No.

(For use of Local Registrar)

(No. Second St. Clark Place Ward)2. FULL NAME OF CHILD Earl Walker Powers

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

3. BOY OR GIRL <u>Boy</u>	4. Twin or Triplet <u>To be answered only in event of Twins or Triplets</u>	5. Number in order of birth	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>Sept 14 1922</u> (Name of Month) (Day) (Year)
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## FATHER

FULL NAME Noah Clifton PowersPRESENT POSTOFFICE OF FATHER DeadCOLOR OR RACE White11. 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 White17. AGE AT LAST BIRTHDAY 24  
(Years)18. BIRTHPLACE Greenville, S.C.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 Dr. H. H. Hays24. State whether Physician or Midwife Physician25. Address of Physician or Midwife 3 Benson Road

Name added from a supplemental report

192

Registrar

27. Filed 10-9

1922

a

S. E. Smith

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.