

(1) PLACE OF BIRTH

County of MarbleTownship of Cornwall

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

15929

Registration District No. 391Registered No. 128
(For use of Local Registrar)

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

(2) Full Name of Child Julia Powe

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

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE BIRTH <u>May 13 1927</u> (Name of Month) (Day) (Year)
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FATHER

(1) FULL NAME Francis Powe(2) PRESENT POSTOFFICE OF FATHER Cornwall S.C.(3) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Marble Co. S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 13

MOTHER

(14) NAME BEFORE MARRIAGE Annie Max James(15) PRESENT POSTOFFICE OF MOTHER Cornwall S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Marble Co. S.C.(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Alia A. Pack(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Cornwall S.C.

Given name added from a supplemental report

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

(26) May 24 1927 (27) Mo. J. R. Pate Local Registrar

*When there was no attending physician or midwife, 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 fourth month of pregnancy.