

## (1) PLACE OF BIRTH

County of York  
 Township of Catawba  
 or  
 Inc. Town of Rock Hill  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6007

32

Registration District No. 44BRegistered 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. 5000 St.; ..... Ward)

(2) Full Name of Child Eugene Neal Powell  
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL B (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH 1-26-22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Hubert B. Powell(9) PRESENT POSTOFFICE OF FATHER Rock Hill SC(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 36  
(Year)(12) BIRTHPLACE Warsaw NC(13) OCCUPATION Machanic(22) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Drusy Garrison(15) PRESENT POSTOFFICE OF MOTHER Rock Hill SC(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 40  
(Year)(18) BIRTHPLACE Statesville N.C.(19) OCCUPATION Dom(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Dr. J. L. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 3/14/22 (28) J. 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.