

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.  
Records of Columbia, Columbia, S. C.

*Dr. L. L. L.*

(1) PLACE OF BIRTH

County of Orange  
Township of Waynes  
OF  
Inc. Town of .....  
OF  
City of .....

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

4786

Registration District No. 31.8.6 Registered No. 13  
(For use of Local Registrar)

(No. .... St. .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

|  |   |                                       |   |   |
|--|---|---------------------------------------|---|---|
| (3) SEX OR GIRL? <u>Girl</u>   | (4) Twin or Triplet? <u>No</u><br>To be answered only in event of Twin or Triplet | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u>   | (7) DATE OF BIRTH <u>Feb 1 1923</u><br>(Name of Month) (Day) (Year) |
| FATHER.  |   |                                       | MOTHER.   |   |
| (8) FULL NAME <u>Lucian C Powell</u>                                     |   |                                       | (14) NAME BEFORE MARRIAGE <u>Lucy Pearl Davis</u>                                   |   |
| (9) PRESENT POSTOFFICE OF FATHER <u>Waltham</u>                          |   |                                       | (15) PRESENT POSTOFFICE OF MOTHER <u>Waltham</u>                                    |   |
| (10) COLOR OR RACE <u>White</u>  |   |                                       | (16) COLOR OR RACE <u>White</u>   |   |
| (11) AGE AT LAST BIRTHDAY <u>28</u><br>(Years)                           |   |                                       | (17) AGE AT LAST BIRTHDAY <u>29</u><br>(Years)                                      |   |
| (12) BIRTHPLACE <u>Orange</u>  |   |                                       | (18) BIRTHPLACE <u>Orange</u>   |   |
| (13) OCCUPATION <u>House</u>   |   |                                       | (19) OCCUPATION <u>Housewife</u>  |   |
| (20) Number of children born to mother, including present birth <u>5</u> |   |                                       | (21) Number of children of this mother now living, including present birth <u>1</u> |   |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 13. S. Street NW M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Dr. L. L. L.  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Waltham St.

Given name added from a supplemental report  
.....  
.....  
.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
R. L. L.  
(27) Filed Feb 6 1923 (28) R. 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.