

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Chester  
 Township of Levensville  
 or  
 Inc. Town of .....  
 or  
 City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
 76282

Registration District No. 1106 Registered No. 126  
 (For use of Local Registrar)

(2) Full Name of Child Legia Jane Powers If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? ..... (7) DATE OF BIRTH Sept 1 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Joe Powers  
 (9) PRESENT POSTOFFICE OF FATHER Lewis S. Co.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE Chester S. Co.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 6

MOTHER.  
 (14) NAME BEFORE MARRIAGE Rosa Mely  
 (15) PRESENT POSTOFFICE OF MOTHER Lewis S. Co.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY ..... (Years)  
 (18) BIRTHPLACE Chester S. Co.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Elizabeth Caldwell  
 (24) State whether Physician or Midwife ..... (25) Address of Physician or Midwife McLoye Rodman St.

Given name added from a supplemental report

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

(27) Filed 9-9-16 Registrar (28) J. N. Gast 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.