

Form No. 1

(1) PLACE OF BIRTH

County of LancasterTownship of Pleasant Hill

Inc. Town of

City of

(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 Ethel Powers

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

(3) BOY OR GIRL <u>girl</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 25 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Henry C. Powers(9) PRESENT POSTOFFICE OF FATHER Heath Springs S.C.(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 45
(Years)(12) BIRTHPLACE Marshfield(13) OCCUPATION Farmer(14) NAME BEFORE MARRIAGE Missouri Gardner(15) PRESENT POSTOFFICE OF MOTHER Heath Springs S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 42
(Years)(18) BIRTHPLACE Lancaster S.C.(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 8(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(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 Oct 1922 (28) E. H. Harrison 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.

MADE IN THE UNITED STATES OF AMERICA. THIS IS A PERMANENT RECORD. WHEN PLACED IN THE UNFOLDING BOOK, THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MUST BE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
35186Registration District No. 2206 Registered No. 139
(For use of Local Registrar)

(No. St. Ward)

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