

99/43
2000

U. S. Dept. of Commerce
Bureau of the Census

22 049424

1. PLACE OF BIRTH

Standard Certificate of Birth

FILE No.—For State Registrar Only
01168

County of Richland
Township of Kingstree
or
Inc. Town of
or
City of Gadsden S.C.

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No. 3806 Registered No. _____
(For use of Local Registrar)

2. FULL NAME OF CHILD

Male Powell

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

3. Boy or Girl Girl If Plural births _____ 4. Twins, triplets or other no 5. Number, in order of birth, 1 6. Premature no 7. Are Parents Married? yes 8. Date of birth Oct. 24 1922
(Month, day, year)

9. Full name FATHER
John Powell

10. Name before marriage MOTHER
Herl Jones

11. Residence (mailing address) (If non-resident, give place and State) Gadsden

12. Residence (mailing address) (If non-resident, give place and State) Gadsden S.C.

13. Color or race C 14. Age at child's birth 27 yrs.

15. Color or race C 16. Age at child's birth 31 (years)

17. Birthplace (city or place) (State or country) Gadsden S.C.

18. Birthplace (city or place) (State or country) Kingstree S.C.

OCCUPATION
19. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
20. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____
21. Date (month and year) last engaged in this work _____ 19____
22. Total time (years) spent in this work _____

OCCUPATION
23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. House work
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 19____
26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living 1 (b) Born alive but now dead None Stillborn None

28. If stillborn, period of gestation _____ (months) _____ (weeks) 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 12:00 p.m. on the date above stated.
(Born, alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at _____ m. on above date. _____
(Name of Prophylactic)

Cleft Palate _____ Hare Lip _____ Other Deformities _____
(Specify)

(When there was no attending physician or midwife, then the father, householder etc., should make this return.)

Given name added from _____
a supplementary report _____
(Date of)

(Signed) _____, M. D.

or Larris Porter, Midwife

Address Gadsden S.C.

Filed June 16, 1923 L. A. P. S. E. R. M. D.

State Registrar

Local Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

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