

(1) PLACE OF BIRTH

County of Cherokee
Township of Cherokee

CERTIFICATE OF BIRTH

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

File No. 76343 For State Registrar Only

Inc. Town of or City of
Registration District No. Registered No. 91
(For use of Local Registrar)
(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Ed. Powe Jr. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 15 6
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Ed Powe
(9) PRESENT POSTOFFICE OF FATHER Cherokee S.C. R7D
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE S.C. -
(13) OCCUPATION Laborer on farm
(20) Number of children born to mother, including present birth one

MOTHER
(14) NAME BEFORE MARRIAGE Mary Bennett
(15) PRESENT POSTOFFICE OF MOTHER Cherokee S.C. R7D
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE S.C. -
(19) OCCUPATION Laborer on farm
(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. G. [Signature]
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cherokee S.C.

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Sept 15 6 191..... (28) P. B. Ingram 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.