

In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 1, Section of California, California, U. S.

(1) PLACE OF BIRTH

County of Beaufort
Township of Phillips
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

No. 34851

Registration District No. 60319

Registered No. 93
(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 San Powell

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

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Birth <u>Single</u> To be covered only in case of Twins or Triplets	(5) Number in order of birth <u>7</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 4, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Ed Powell</u>			(14) NAME BEFORE MARRIAGE <u>Bessie Lamb</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Sheldon</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sheldon</u>	
(10) COLOR OR RACE <u>N</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Year)	(16) COLOR OR RACE <u>N</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Year)	
(12) BIRTHPLACE <u>Beaufort B</u>			(18) BIRTHPLACE <u>Beaufort B</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Phyllis Hamilton
(24) State whether Physician or Midwife (25) Address of Phys. 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 (28)

*When there was no attending physician or midwife, then the father, householder, etc., should report if a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.