

(1) PLACE OF BIRTH

County of Spartanburg

Township of Buenavista

or

Inc. Town of

or

City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

91791

Registration District No. Herocor

Registered No. 98  
(For use of Local Registrar)

St.; ..... Ward)

(2) Full Name of Child Oliver Lucile Powell

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

X  
To be answered only in case of Twins or Triplets

(5) Number in order of birth

X

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec. 28, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

John Powell

(9) PRESENT POSTOFFICE OF FATHER

Lucasburg SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

40  
(Years)

(12) BIRTHPLACE

N. Carolina

(13) OCCUPATION

mill operative

(20) Number of children born to mother, including present birth

14

(14) NAME BEFORE MARRIAGE

Lucile Burges

(15) PRESENT POSTOFFICE OF MOTHER

Lucasburg SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

39  
(Years)

(18) BIRTHPLACE

N. Carolina

(19) OCCUPATION

House wife

(21) Number of children of this mother now living, including present birth

19

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. D. Devan

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Windsor SC

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed

Dec 30, 1916

(28)

J. D. Devan

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.

before the fifth month of pregnancy.

fifth month of pregnancy.