

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 5.

RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Spartanburg</u>		STATE OF SOUTH CAROLINA		40076	
Township of <u>.....</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>.....</u>		Registration District No. <u>4008</u>		Registered No. <u>366</u>	
or				(For use of Local Registrar)	
City of <u>.....</u>		(No. <u>.....</u> St. <u>.....</u> Ward <u>.....</u>)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Edna L. Powell</u>					
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 <u>.....</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>April 22, 1920</u>	
				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>William A. Powell</u>			(14) NAME BEFORE MARRIAGE <u>McBee Gault</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>P. O. Spartanburg S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg S. C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>3 1/2</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>3 1/2</u> (Years)		
(12) BIRTHPLACE <u>Bedas Spring</u>			(18) BIRTHPLACE <u>Mountain Inn</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>16</u>			(21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>at 1 A. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>A. M. Allen</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Spartanburg S. C.</u>					
Given name added from a supplemental report <u>.....</u>			(26) Witness <u>.....</u>		
			(Signature of Witness necessary only when question 23 is signed by mark)		
19 <u>.....</u> Registrar			(27) Filed <u>Nov. 12, 1922</u> (28) <u>Mrs. C. F. Parker</u> 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.					
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