

## (1) PLACE OF BIRTH

County of *Marlboro*Township of *Hebron*or  
Inc. Town of *Eliz. S.C.*

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

46880

Registration District No. *3304* Registered No. *11*

(For use of Local Registrar)

(2) Full Name of Child *Florence Ruth Powell* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? <i>—</i> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <i>—</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Jan 21 1916</i> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME *John P. Powell*(9) PRESENT POSTOFFICE OF FATHER *Eliz. S.C.*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *42*  
(Years)(12) BIRTHPLACE *Marlboro County*(13) OCCUPATION *Lip. Gen. agent*(20) Number of children born to mother, including present birth *5*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Martha E. Stevens*(15) PRESENT POSTOFFICE OF MOTHER *Eliz. S.C.*(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *28*  
(Years)(18) BIRTHPLACE *Edgefield S.C.*(19) OCCUPATION *Housekeeper*(21) Number of children of this mother now living, including present birth *3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *7 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *John Allen Hamer*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Eliz. S.C.*

Given name added from a supplemental report

*June 7 1916**W. H. Woodley*

Registrar

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

(27) Filed *Jan 24 1916* (28) *W. H. Woodley* 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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FIRST-BORN, No. 1. TWIN OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

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