

## (1) PLACE OF BIRTH

County of Beaufort....Township of Beaufort....Inc. Town of Winton S.C.R.F.W.....

City of ..... (No. .... St. .... Ward)

(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

16791

Registration District No. 600....Registered No. 221....  
(For use of Local Registrar)(2) Full Name of Child James Powell....

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 3, 1923</u> (Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Wm. Powell(9) PRESENT POSTOFFICE OF FATHER Winton S.C.R.F.W.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35....  
(Year)(12) BIRTHPLACE Winton S.C.R.F.W.(13) OCCUPATION Teacher(14) Number of children born to mother, including present birth 14

## MOTHER.

(14) NAME BEFORE MARRIAGE Ella Bryan(15) PRESENT POSTOFFICE OF MOTHER Winton S.C.R.F.W.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22....  
(Year)(18) BIRTHPLACE Grain Hill S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 14

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive.... at 4:30 P.M.  
on the date above stated. (Days of week or stillborn) (Hour-Min. or P. M.)(22) (Signature) Charlotte Davis(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Winton S.C.R.F.W.

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(26) Filed Sept. 13, 1923(27) By W. H. Wilson Local Registrar

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