

(1) PLACE OF BIRTH

County of Horry

Township of Green Sea

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.)

(2) Full Name of Child Mary Ellen Powell

File No. — For State Registrar Only
56303

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 2106 Registered No. 18

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>Is answered only in case of twins or triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Apr 20 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Christine Powell

(9) PRESENT POSTOFFICE OF FATHER Green Sea Oc

(10) COLOR OR RACE white (ii) AGE AT LAST BIRTHDAY 50 (Years)

(12) BIRTHPLACE Horry Co Sc

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Laura Kelley

(15) PRESENT POSTOFFICE OF MOTHER Green Sea Oc

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 39 (Years)

(18) BIRTHPLACE Horry Co Sc

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:30 A.M. on the date above stated. (Born alive or stillborn) (Hour of M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Labor & Route 22

Given name added from a supplemental report

Mary Ellen Powell, 191...

Registrar

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

(27) Filed Apr 20 1916 (28) [Signature] 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.

fifth month of pregnancy.

WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. E.—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.
M.C. of Columbia