

16 093604

1. PLACE OF BIRTH		<b>Standard Certificate of Birth</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		FILE No.—For State Registrar Only	
County of <u>Florence</u>				00300	
Township of .....				2015 Registered No. <u>67</u>	
or Inc. Town of .....				(For use of Local Registrar)	
City of <u>Summerville, SC</u>		(No. .... St.; .... Ward)			
2. FULL NAME OF CHILD <u>James Orman Powers</u> (If child is not yet named, make supplemental report as directed.)					
3. Boy or Girl <input checked="" type="checkbox"/>	If Plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature <input checked="" type="checkbox"/>	7. Are Parents Married? <input checked="" type="checkbox"/>
				8. Date of birth <u>Jan 25, 1916</u> (Month, day, year)	
9. Full name <u>Wellie A Powers</u> FATHER			18. Name before marriage <u>Carroll Hallway</u> MOTHER		
10. Residence (mailing address) (If non-resident, give place and State) <u>Durham, N.C.</u>			19. Residence (mailing address) (If non-resident, give place and State) <u>Durham, N.C.</u>		
11. Color or race <u>W</u>		12. Age at last birthday <u>39</u> (Years)		20. Color or race <u>W</u>	
13. Birthplace (city or place) (State or country) <u>Florence, C.</u>		21. Age at last birthday <u>31</u> (Years)		22. Birthplace (city or place) (State or country) <u>Florence, C.</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>			23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u></u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u></u>		
16. Date (month and year) last engaged in this work		17. Total time (years) spent in this work <u>Life</u>		25. Date (month and year) last engaged in this work	
19.....		19.....		26. Total time (years) spent in this work <u>Life</u>	
27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
28. If stillborn, period of gestation <u>no</u> months weeks		29. Cause of stillbirth <u></u>			
				Before labor.....	
				During labor.....	
Specify any physical deformities of child at birth <u>none</u>					

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3 P. m. on the date above stated.  
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) W. H. Havel, M.D.

or Florence Midwife

Given name added from a supplemental report.....  
(Date of)

Address 80

Filed July 23, 1941 John B. Jayles

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)