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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)

## 1. PLACE OF BIRTH

County of Florence

Township of .....

or

Inc. Town of .....

or

City of Immokalee, SC

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2015 Registered No. 67

(For use of Local Registrar)

FILE No.—For State Registrar Only

00300

## 2. FULL NAME OF CHILD

James Orman Powers (If child is not yet named, make supplemental report as directed.)

3. Boy or Girl Boy 4. Twin, triplet, or other No 5. Number, in order of birth 1 6. Premature No 7. Are Parents Married? Yes 8. Date of birth Jan 25, 1916  
(Month, day, year)

9. Full name FATHER

Willie A Powers

10. Residence (mailing address)

(If non-resident, give place and State) Immokalee, SC11. Color or race W12. Age at last birthday 39 (Years)

13. Birthplace (city or place)

(State or country) Florence Co14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. L

16. Date (month and year) last engaged in this work

19.....

17. Total time (years) spent in this work Life

18. Name before marriage MOTHER

Carroll Hallway

19. Residence (mailing address)

(If non-resident, give place and State) Immokalee, SC20. Color or race W21. Age at last birthday 31 (Years)

22. Birthplace (city or place)

(State or country) Florence Co23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. L

25. Date (month and year) last engaged in this work

19.....

26. Total time (years) spent in this work Life

27. Number of children of this mother

(At time of birth and including this child)

(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 128. If stillborn, period of gestation No months weeks29. Cause of stillbirth L

Before labor

During labor LSpecify any physical deformities of child at birth None

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3P 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) J. H. Hance, M.D.or Florence Midwife

Given name added from a supplemental report

(Date of)

Address 80Filed July 23, 1941

Registrar.

Registrar.