

Form No. 1

(1) PLACE OF BIRTH

County of BppTownship of "

or

Inc. Town of "

or

City of "

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 6a

File No.—For State Registrar Only

28986

Registered No. 43
(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child

not named

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH Sept. 3, 1924
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jack Powell

(9) PRESENT POSTOFFICE OF FATHER

Beaufort

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

34
(Years)

(12) BIRTHPLACE

Ladies Island

(13) OCCUPATION

Wood York

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Carrie Allen

(15) PRESENT POSTOFFICE OF MOTHER

Beaufort

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

27
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Cludia B. Wilson

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Beaufort

Given name added from a supplemental report

(26) Witness

W. H. Kessler

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

(27) Filed

Sept 4, 1924

(28)

W. H. Kessler

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.

McGAW OF COLUMBIA, COLUMBIA, S. C.