(1) PLACE OF BIRTH

County of Charleston

Township of .....

Inc. or Town of .....

City of Charleston (No. 62 Alexander Bakersmith 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
32017

Registration District No. 9A Registered No. [redacted]
(For use of Local Registrar)

(2) Full Name of Child William Jackson Powell

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? ✓

(5) Number in order of birth ✓

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Nov. 25 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Jackson Powell

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Norfolk Virginia

(13) OCCUPATION Clerk.

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

MOTHER.

(14) NAME BEFORE MARRIAGE Edgar Hanson Jones

(15) PRESENT POSTOFFICE OF MOTHER Charleston

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Marion S.C.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was 11:25 A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) W. H. Kriel M.D.

(24) State whether Physician or Midwife P

(25) Address of Physician or Midwife 248 Calhoun St.

Given name added from a supplemental report

..... 191....

..... Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 11/28 1923 (28) J. Mercer Green M.D. 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.

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KODAK SAFETY