

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.

McCaw, of Columbia.

## (1) PLACE OF BIRTH

County of

Florence

Township of

Hammock

or  
Inc. Town of

Registration District No.

2012

Registered No.

23

(For use of Local Registrar)

City of

(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

Wilson Richard Powell

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

2

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Aug 3

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

John Watson Powell

(9) PRESENT POSTOFFICE OF FATHER

Hammock

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

23

(Years)

(12) BIRTHPLACE

Hammock

(13) OCCUPATION

farming

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

{ 2 }

## MOTHER.

(14) NAME BEFORE MARRIAGE

Josephine Lander

(15) PRESENT POSTOFFICE OF MOTHER

Hammock

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

22

(Years)

(18) BIRTHPLACE

Basticks

(19) OCCUPATION

farming

(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 5:00 a.m. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife Amanda Stone

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191....

Registrar

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

(27) Filed Aug 5 191....(28) W. H. Watson

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.