

## (1) PLACE OF BIRTH

County of CyberTownship of Trinityor GranvilleCity of Granville

(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

58

Registration District No. 28 Registered No. 9  
(For use of Local Registrar)(2) Full Name of Child Alvin David Powell

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

(3) BOY OR GIRL B (4) Twin or Triplet - (5) Number in order of birth - (6) Age Parents Married 2 (7) DATE OF BIRTH 1/12/1933  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Joe Powell(9) PRESENT POSTOFFICE OF FATHER Granville S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23  
(Year)(12) BIRTHPLACE Albin(13) OCCUPATION mil of steel(14) Number of children born to mother, including present birth 12

## MOTHER.

(14) NAME BEFORE MARRIAGE Alvin Powell(15) PRESENT POSTOFFICE OF MOTHER Granville S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 18  
(Year)(18) BIRTHPLACE Albin(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alvin at 2:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) S. A. Marshall(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Granville

Given name added from a supplemental report

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

(26) Filed Jan 14 23 W. H. Turnbull, R.S., 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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