

Form No. 1

(1) PLACE OF BIRTH

County of Kershaw
 Township of Buffalo
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
30824

Registration District No. 27 Registered No. 101
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. _____ St. _____ Ward _____)

(2) Full Name of Child

(3) BOY OR GIRL Male (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married No (7) DATE OF BIRTH July 22 1922
 To be answered only in event of Twin or Triplet: (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Low Powell
 (9) PRESENT POSTOFFICE OF FATHER 80
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 10 (Years)
 (12) BIRTHPLACE 80
 (13) OCCUPATION Farmer

MOTHER
 (14) NAME BEFORE MARRIAGE Fairy Parks
 (15) PRESENT POSTOFFICE OF MOTHER Kershaw 80
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 25 (Years)
 (18) BIRTHPLACE 80
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 10 A.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Kate L. Carter
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kershaw S.C.

Given name added from a supplemental report

(26) When (Signature) W. H. Carter (27) When (Signature) W. H. Carter
 (28) Local Registrar

When there was no attending physician or midwife, then the father, mother, etc., should make this return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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 BUREAU OF VITAL STATISTICS
 COLUMBIA, S. C.