

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.

Form 5-6

McRAW or COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of *York*
Township of *Reservoir*
or
Inc. Town of
or
City of
(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
36486

Registration District No. *4607* Registered No. *74*
(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 *Sumatra Lucile Powers*

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

(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet? To be answered only in case of Twin or Triplet	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Sept 30, 1941</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Bruce Virdeon Powers</i>			(14) NAME BEFORE MARRIAGE <i>Thula Lake Donis</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Greer B # 1</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Greer B # 1</i>	
(10) COLOR OR RACE <i>White</i>			(16) COLOR OR RACE <i>White</i>	
(11) AGE AT LAST BIRTHDAY <i>21</i> (Years)			(17) AGE AT LAST BIRTHDAY <i>18</i> (Years)	
(12) BIRTHPLACE <i>D.C.</i>			(18) BIRTHPLACE <i>D.C.</i>	
(13) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>Housework</i>	
(20) Number of children born to mother, including present birth <i>1</i>			(21) Number of children of this mother now living, including present birth <i>1</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *4 P.M.* on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *P. W. Wood*
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife
Physician Reservoir
Given name added from a supplemental report
M. B. Woodward M.D.
July 29, 1941
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by clerk)
(27) Filed *11/11* 19 *7.2* (28) *P. W. Wood* 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.

Mc

5-3-10-74

Name of child.. Juanita Lucile Powers.
Name of father... Buist Verdon Powers.
Name of mother before marriage.
Thula L Davis.

AFFIDAVIT

Place of birth.. Greer S C # 1
Date of birth. Sept. 30, 1922.
Attending physician... L W Wood
Race... White.

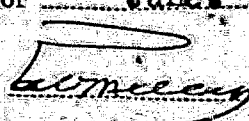
STATE OF South Carolina

COUNTY OF Spartanburg

Personally appeared before me B. V. Powers
who first being duly sworn says that ...he is the Father
of Juanita Lucile Powers, who was born at Greer, S.C., Rt. 1
on Sept. 30, 1922; that the birth records in the office of the Clerk of
Court for Spartanburg County, South Carolina, are deficient in the following manner, to-wit:
That the name of Juanita Lucile Powers does not appear on the
birth record.

that this affidavit is made for the purpose of correcting the errors as herein stated.

Sworn to before me this 3
day of June, 1941



Notary Public for S. C.

7/27/41
