

(1) PLACE OF BIRTH
 County of Williamsburg
 Township of Indiana
 or
 Inc. Town of
 or
 City of (No. St.; 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
47636

2) Full Name of Child Roguel E. 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 Jan 28 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Lee Powell
 (9) PRESENT POSTOFFICE OF FATHER Box
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Bella E. Powell
 (15) PRESENT POSTOFFICE OF MOTHER Box
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 31 (Years)
 (18) BIRTHPLACE SC
 (19) OCCUPATION Housewife
 (20) 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 at 11 A. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Roguel E. Powell
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Johnsonville

Given name added from a supplemental report

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Registrar

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

(27) Filled 27 1916 (28) L. Layton 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.