

(1) PLACE OF BIRTH

County of *Durham*Township of *Willow*or
Inc. Town of *Norway, S.C.*

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

12456

Registration District No. Registered No.

(For use of Local Registrar)

St. Ward

(2) Full Name of Child

Not named

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twin or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

July 19, 1922

(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME

William C. Powell

(14) NAME BEFORE MARRIAGE

Stella Bator

(9) PRESENT POSTOFFICE OF FATHER

Norway, S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Norway, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

34

(Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

28

(Years)

(12) BIRTHPLACE

South Carolina

(18) BIRTHPLACE

South Carolina

(13) OCCUPATION

Clerk

(19) OCCUPATION

Housewife

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

9

(21) Number of children of this mother now living, including present birth

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *11 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

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

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 19, 1922

(28)

J. H. Price

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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