

Form No. 1

(1) PLACE OF BIRTH

County of JasperTownship of Rockledge

or

Inc. Town of

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

64870

Registration District No. 2601Registered No. 31

(For use of Local Registrar)

(2) Full Name of Child

Jessie Powell

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

(3) ~~MALE~~ OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

June 9 1916
(Same of Month) (Day) (Year)

FATHER

(8) FULL NAME

Robbie Powell

(9) PRESENT POSTOFFICE OF FATHER

Redgeland

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

29
(Years)

(12) BIRTHPLACE

Beaufort, Carolina

(13) OCCUPATION

Farming

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

one

MOTHER

(14) NAME BEFORE MARRIAGE

Edna Robinson

(15) PRESENT POSTOFFICE OF MOTHER

Redgeland

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23
(Years)

(18) BIRTHPLACE

Jasper Co

(19) OCCUPATION

Housewife

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

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11 A.M., on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jessie Powell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifePineland, S.C.

Given name added from a supplemental report

191...

Registrar

(26) Witness

Sadie Lamb
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 10 1916

(28)

R. G. W. [Signature]

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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McChw. of Columbia.