

Form No. 1.

(1) PLACE OF BIRTH

County of Spokaneburg
Township of Campobelloor
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

50416

Registration District No. 40-2 Registered No. 72
(For use of Local Registrar)
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. Russell Theodore 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 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 23rd
To be measured only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Theodore Powell(9) PRESENT POSTOFFICE OF FATHER Inman SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Traveling Salesman(20) Number of children born to mother, including present birth { 3

MOTHER.

(14) NAME BEFORE MARRIAGE Rose Silister Howell(15) PRESENT POSTOFFICE OF MOTHER Inman SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Spokaneburg Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:15 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Geo. E. Thompson (24) State whether Physician or Midwife (25) Address of Physician or Midwife Inman SC

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed Feb. 25 1916 (28) E. A. Capers 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 mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.