

## (1) PLACE OF BIRTH

County of *Hyatt*Township of *Conover*Inc. Town of *Hyatt*(City of *Hyatt*)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4216

Registration District No. *2522* Registered No. *17*

(For use of Local Registrar)

(No. *17* St. *17* Ward *17*)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child *Luma Powell*

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

(3) BOY OR GIRL

*girl*

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

*Feb 20, 1923*  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

*Sam Powell*

(9) PRESENT POSTOFFICE OF FATHER

*Adrian St*

(10) COLOR OR RACE

*white*

(11) AGE AT LAST BIRTHDAY

*48*  
(Years)

(12) BIRTHPLACE

*Hyatt Co*

(13) OCCUPATION

*farmer*

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

*10*

(14) NAME BEFORE MARRIAGE

*Blanche Michael*

(15) PRESENT POSTOFFICE OF MOTHER

*Adrian St*

(16) COLOR OR RACE

*white*

(17) AGE AT LAST BIRTHDAY

*38*  
(Years)

(18) BIRTHPLACE

*Hyatt Co*

(19) OCCUPATION

*House work*

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

*9*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *1:30 P.* M., on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)(23) (Signature) *W. H. Deane*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Hyatt Co*

Given name added from a supplemental report

(26) Witness

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

19 *23* Registrar(27) Filed *Feb 24, 1923* (28) *P. D. Dyer* 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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