

Form No. 1.

(1) PLACE OF BIRTH

County of Oconee

Township of Waynes

or  
Inc. Town of .....

or  
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

50050

Registration District No. 2206 Registered No. 13  
(For use of Local Registrar)

(2) Full Name of Child Lula Irene Powell } If child is not yet named, make supplemental report as directed

~~NOT~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 24, 1916  
(Name of Month) (Day) (Year)

#### FATHER.

(8) FULL NAME Lillian Crestor Powell

(9) PRESENT POSTOFFICE OF FATHER Walhalla SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Oconee SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

#### MOTHER.

(14) NAME BEFORE MARRIAGE Ruby Pearl Lewis

(15) PRESENT POSTOFFICE OF MOTHER Walhalla SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Oconee SC

(19) OCCUPATION Housewife

(21) 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 alive at 10:45 a.m. on the date above stated. (Born alive or stillborn) (Eloc. A. M. or P. M.)

(23) (Signature) J. P. McCallister

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

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) Filed Mar 9, 1916 (28) R. W. Lee 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. 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.