

MARGIN RESERVED FOR BINDING.
 IN PLAINLY WRITING WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.
 DIVISION OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
77491

County of Hampton
 Township of Coastal
 OR
 Inc. Town of Early Branch
 OR
 City of _____ (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2703 Registered No. 51
 (For use of Local Registrar)

(2) Full Name of Child Richard Powers If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? _____ To be answered only in event of Twins or Triplets (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 18 1916
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Edie Bowers</u>	(14) NAME BEFORE MARRIAGE <u>Louisa Crestia</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Early Branch</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Early Branch</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE <u>S. C.</u>	(18) BIRTHPLACE <u>S. C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Field Work</u>
(20) Number of children born to mother, including present birth <u>Two</u>	(21) Number of children of this mother now living, including present birth <u>Two</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Allen at 9-P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rosa Deaneau
 (24) State whether midwife Physician or Midwife (25) Address of Physician or Midwife Early Branch

Given name added from a supplemental report _____
 (26) Witness Marion Hartway
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 27 19 16 (28) H. M. Meta 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.