CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only, 21717

(1) PLACE OF BIRTH

County of Abbeville

Township of Abbeville

or Inc. Town of

or City of Abbeville

Registration District No. 1-a Registered No. 73 (For use of Local Reistrar)

(No. Church Street St.; 3rd Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Eva Dorn Power

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH July 10th 1915 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William LeRoy Power

(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Abbeville County S.C.

(13) OCCUPATION Cook-Keeper

Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Pauline Dorn

(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Donnville, S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9.30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. R. Power M.D.

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report

, 191

(26) Witness

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

(27) Filed 191 (28) Local Registrar.

[illegible] attending physician or midwife, then the father, householder, etc., should make this return. If [illegible] stillborn. No report is desired of stillbirths before the [illegible] of pregnancy.

Registrar

Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If [illegible] 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 EXTRA DOING INK. THIS IS A PERMANENT RECORD.

A. D. Inc. Act 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.

WRI

N. B.