

(1) PLACE OF BIRTH

County of Lexington

Township of .....

or Inc. TOWN of .....

or City of County

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

(2) Full Name of Child. Georg Power(3) BOY OR GIRL? B

(4) Twin or Triplet? .....

(5) Number in order of birth 7(6) Are Parents Married? Y(7) DATE OF BIRTH Feb. 5, 1929  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Preston Power(9) PRESENT POSTOFFICE OF FATHER Gastons R.R.D.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Lexington Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Hallman(15) PRESENT POSTOFFICE OF MOTHER Gastons R.R.D.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Lexington Co(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 8 a. m. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. R. R. R.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician 1929 Park

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 2/15, 1929 (28) J. C. Lybrand 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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File No.—For State Registrar Only

8333