

(1) PLACE OF BIRTH

County of

Township of

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

43495

Registration District No. 3105

Registered No. 120

(For use of Local Registrar)

(2) Full Name of Child Henry Thomas Pown

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

(3) BOY OR GIRL? B.

(4) Twin or Triplet?

(5) Number in order of birth 6

Take account only in case of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Nov. 8, 1911

(Name of Month) (Day) (Year)

FATHER.

MOTHER

(8) FULL NAME

Magnus Pown

(14) NAME BEFORE MARRIAGE

Pula Walsh

(9) PRESENT POSTOFFICE OF FATHER

Gaston RFD 2

(15) PRESENT POSTOFFICE OF MOTHER

Gaston RFD 2

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

51 (Years)

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

37 (Years)

(12) BIRTHPLACE

Lexington co

(18) BIRTHPLACE

Lexington

(13) OCCUPATION

Farmer

(19) OCCUPATION

Domestic

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

Six

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

Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 1:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. R. Geiger

(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 23 is signed by mark)

(27) Filed

12/18/11

(28)

J. C. Ryland

Local Registrar

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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