

**File No.—For State Registrar Only**

County of Franklin  
Township of Green Sea  
or  
Inc. Town of .....  
or  
City of .....

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

77574

Registration District No. 2506 Registered No. 62  
(For use of Local Registrar)

City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (2) Full Name of Child Helma May Powell (If child is not yet named, make  
 \_\_\_\_\_ report as directed)

(3) BOY OR GIRL *Girl* (4) Twin or Triplet? *2* (5) Number in order of birth *1* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Sept 16* 19*16*  
(Name of Month) (Day) (Year)  
To be answered only in event of Twins or Triplets

FATHER		MOTHER	
(2) FULL NAME	Willie Pounce	(14) NAME BEFORE MARRIAGE	Elizabeth Robert
(5) PRESENT POSTOFFICE OF FATHER	Tubor N E	(15) PRESENT POSTOFFICE OF MOTHER	Tubor N E
(16) COLOR OR RACE	white	(16) COLOR OR RACE	white
(17) BIRTHPLACE	Harry Co. S C	(17) BIRTHPLACE	Harry Co. S C
(18) AGE AT LAST BIRTHDAY	77	(18) AGE AT LAST BIRTHDAY	19
(19) OCCUPATION	farmer	(19) OCCUPATION	house wife
(20) Number of children born to mother, including present birth	One	(20) Number of children of this mother now living, including present birth	One

(22) I hereby certify that I attended the birth of this child, who was Oliver (Born alive or stillborn) 3 at A. M. on the date above stated. May 11, 1911 (Eg. A. V. or P. M.) 11 11

(23) (Signature) Miss M. J. [illegible]  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife, Lenoir, N.C.  
 Given name added from a supplemental report \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (26) Witness J. H. [illegible]  
 (Signature of Witness necessary only when question 22 is signed "X" mark)  
 (27) Filed Sept 7, 1916 (28) J. C. [illegible] Local Registrar  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

When there was no attending physician or midwife, then the father, householder, etc., should report. 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.

[illegible]