

(1) PLACE OF BIRTH

County of Claydon
 Township of St. Mark
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41790

Registration District No. 1910 Registered No. 43
 (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 Henry Pomfry { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 1 1930
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lawrence Pomfry
 (9) PRESENT POSTOFFICE OF FATHER Forreston N.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 43
 (12) BIRTHPLACE N.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Simon
 (15) PRESENT POSTOFFICE OF MOTHER Forreston N.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 40
 (18) BIRTHPLACE N.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca Drake(24) State whether Physician or Midwife M.M.(25) Address of Physician or Midwife Emoryville N.C.

Given name added from a supplement-
 tal report

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

(27) Filed Dec 14 1930 (28) W.H. Spott
 Registrar 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.