

Form No. 1.

(1) PLACE OF BIRTH

County of ChestertownTownship of Benton Rangeor
Inc. Town ofRegistration District No. 100 Registered No. 4
(For use of Local Registrar)or
City of(No. Street and number)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
St.; Ward(2) Full Name of Child. J. Weston Pendragon If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth (Is it second child in next of line or first?)	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME	<u>John P. Pendragon</u>			MOTHER.
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(9) PRESENT POSTOFFICE OF FATHER	<u>Conwayville #2</u>			MARY E. HALL
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(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	44	(Years)	CONWAYVILLE, S.C.
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(12) BIRTHPLACE	<u>Chestertown Co.</u>			AGE AT LAST BIRTHDAY
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(13) OCCUPATION	<u>Farm laborer</u>			(Years)
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(20) Number of children born to mother, including present birth	7	Number of children of this mother now living, including present birth		
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Jackie L. Gandy (24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Conwayville, S.C.

Given name added from a supplemental report

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Registrar

(26) Witness
(Signature of Witness necessary only
when question 25 is signed by mark)(27) Filed March 10, 1916 (28) J. Weston Pendragon
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.