

(1) PLACE OF BIRTH

County of BeaufortTownship of WInc. Town of WCity of W

(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
84426
Registration District No. 6A Registered No. 54

(2) Full Name of Child

Ismaele Bonner
 (3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth 1
 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 1896
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Donk Turner(9) PRESENT POSTOFFICE OF FATHER H.K.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY (Years) 16(12) BIRTHPLACE W(13) OCCUPATION W(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Bonner(15) PRESENT POSTOFFICE OF MOTHER Beaufort S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY (Years) 28(18) BIRTHPLACE Beaufort S.C.(19) OCCUPATION Domestic work(21) Number of children of this mother now living, including present birth One

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., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) W. B. Simpson, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Nov 27 1916 (28) A. P. Cohen 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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