

(1) PLACE OF BIRTH

County of CalhounTownship of Chapin

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 50.2

File No. - For State Register Only

34971Registered No. 117
(For use of Local Registrar)

(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 George Boneparte If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Sex Male (6) DATE OF BIRTH Nov 15 23 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Boneparte(9) PRESENT POSTOFFICE OF FATHER Cameron, S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25 (Year)(12) BIRTHPLACE Calhoun Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Bansy Thomas(15) PRESENT POSTOFFICE OF MOTHER Cameron, S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20 (Year)(18) BIRTHPLACE Calhoun Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 6 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Nichols(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Cameron, S.C.

Given name added from a supplemental report

(25) Witness Mrs. J. Keller (Signature of Witness necessary only when question 23 is signed by mark)(26) Date Nov. 19 1923 (27) Local Registrar W. S. Keller

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.