

(1) PLACE OF BIRTH

County of York  
Township of Kings Mt.  
or  
Inc. Town of Chilmark  
or  
City of .....

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

File No.—For State Registrar Only

32772

Registration District No. 4407 Registered No. 93  
(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Sept 24 1912  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Alfred Bond  
(9) PRESENT POSTOFFICE OF FATHER Chilmark S C  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)  
(12) BIRTHPLACE Chilmark Co N C  
(13) OCCUPATION Mill Carpenter  
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Jonie Bond  
(15) PRESENT POSTOFFICE OF MOTHER Chilmark S C  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)  
(18) BIRTHPLACE Lincolnton Co N C  
(19) OCCUPATION House wife  
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:45 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Chilmark S C

Given name added from a supplemental report  
191.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Oct 2-1912 (28) [Signature] 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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