

(1) PLACE OF BIRTH

County of Abbeville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31817

Township of

Inc. Town of

City of AbbevilleRegistration District No. 1ARegistered No. 103

(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 John Perry Bonds If child is not yet named, make supplemental report as directed(1) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar. 10 1903 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Walter Perry Bonds(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Ga.(13) OCCUPATION R.R. Flagman(14) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Lena Elizabeth Figg(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Ga.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) W. P. Bonds(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Abbeville S.C.

(Given name added from a supplemental report)

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Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Mar. 10 1903 (28) John W. Allister 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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