

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Lancaster
Township of Giles Creek
or
Inc. Town of
or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Evelyn Bonner

No. for State Registrar Only
35146

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

Registration District No. 2804 Registered No. 182
(For use of Local Registrar)

(3) BOY OR GIRL Girl (4) Twin or Triplet? — (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 14, 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Luther Jackson Bonner
(9) PRESENT POSTOFFICE OF FATHER Lancaster Co S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE Lancaster Co S. Car.
(13) OCCUPATION Mech. operative
(20) Number of children born to mother, including present birth Six

MOTHER.
(14) NAME BEFORE MARRIAGE Flurence May
(15) PRESENT POSTOFFICE OF MOTHER Lancaster Co S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)
(18) BIRTHPLACE Lancaster Co S. Car.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Heidi S. Stewart
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lancaster Co.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary when question 22 is signed by mother)
(27) Filed 11-1-22 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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