

(1) PLACE OF BIRTH

County of Greenville

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

30536

Registration District No. 2294Registered No. 317

(For use of Local Registrar)

(No. 1 of 4 th)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 Loyd Robert Bonner

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

(3) SEX boy(4) Twin or triplet? X(5) Number in order of birth X(6) Are Parents Married? yes(7) DATE BIRTH Sept. 13

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Joseph Marion Bonner(9) PRESENT RESIDENCE OF FATHER Greenville S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Jackson Co. S.C.(13) OCCUPATION Textile(14) Number of children born to mother, including present birth four (4)

MOTHER

(14) NAME BEFORE MARRIAGE Julia Eth Thompson(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE

(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth four (4)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child born alive 8-55 on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)(22) (Signature) J. B. Ledbetter M.D.(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

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

(26) (Signature) Wm. M. M. M. (27) Local Registrar

When there was an attending physician or midwife, 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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