

PLACE OF BIRTH

County of Fairfield
 Township of #7
 or
 Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
 State Board of Health

FILE No.—For State Registrar Only

989-a

Registration District No. 1906

Registered No. (For use of Local Registrar)

St.; Ward)

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

FULL NAME OF CHILD

Gladys Bonheur

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

BOY OR GIRL Girl 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH Jan. 25, 1923
 (Same of Month) (Day) (Year)

FATHER

FULL NAME Claude David Bonheur
 PRESENT POSTOFFICE OF FATHER Hidgeway S.C. Rt. 1

COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Fairfield Co. S.C.OCCUPATION FarmerNumber of children born to mother, including present birth 1

MOTHER

NAME BEFORE MARRIAGE Fannie M. "Chickie" Bonheur
 15. PRESENT POSTOFFICE OF MOTHER Hidgeway S.C. Rt. 1

16. COLOR OR RACE Colored 17. AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE Fairfield Co. S.C.OCCUPATION Home wife21. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4:10 A.M., (Born alive or stillborn) (Hour A.M. or P.M.)
 on the date above stated.

23. Signature Mary E. Harrison, midwife
 24. State whether Physician or Midwife Midwife 25. Address of Physician or Midwife Hidgeway S.C.

Even name added from a supplemental report

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26. Witness (Signature of Witness necessary only when question 23 is signed by mark)

27. Filed

19

28.

Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 If 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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M., P.M.)

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