Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
16366

(1) PLACE OF BIRTH
County of Pickens
Township of Easley
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.)

Registration District No. 3702 Registered No. 38
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Lonnie Ponce

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

(3) BOY OR GIRL Boy
(4) Twin or Triplet? To be answered only in event of Twins or Triplets
(5) Number in order of birth
(6) Are Parents Married? yes
(7) DATE OF BIRTH May 10 1927 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Curtiss Ponce
(9) PRESENT POSTOFFICE OF FATHER Easley, S. C. #5
(10) COLOR OR RACE Col.
(11) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE S. C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Beulah Austin
(15) PRESENT POSTOFFICE OF MOTHER Easley, S. C.
(16) COLOR OR RACE Col.
(17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE S. C.
(19) OCCUPATION Domestic
(21) 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 alive (Born alive or stillborn) at 11 P. M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Jane Austin
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Easley, S. C.

Given name added from a supplemental report
..... 19 ....
Registrar

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

(27) Filed May 20 1927 (28) E. F. Wyatt
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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. D.—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.
MARGIN RESERVED FOR FOLD BINDING.

McCaw of Columbia, S. C.