

Form No. 1.

(1) PLACE OF BIRTH  
County of Spartan  
Township of .....  
or  
Inc. Town of .....  
or  
City of Spartan (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only  
**74841**

Registration District No. 419 Registered No. 127  
(For use of Local Registrar)

(2) Full Name of Child..... } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 2, 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME George Vida Bonson  
(9) PRESENT POSTOFFICE OF FATHER Spartan S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)  
(12) BIRTHPLACE Spartan S.C.  
(13) OCCUPATION Mechanic  
(20) Number of children born to mother, including present birth } Two

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Blenche Poplin  
(15) PRESENT POSTOFFICE OF MOTHER Spartan S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19 (Years)  
(18) BIRTHPLACE Spartan S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth } Two

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive, at ..... 1:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. P. Osborn, M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report ..... 191.....  
**Amended P-1 NOV 9 1916**

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Aug 10 1916 (28) W. J. McKnight 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.

MARGIN RESERVED FOR BINDING.  
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.  
McCaw, of Columbia.