

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

Inc. Town of .....

City of Charleston

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

(2) Full Name of Child Richard Bone De Jonnillon If child is not yet named, make supplemental report as directed

(4) Twin or Triplet? ☒ (5) Number in order of birth ☒ (6) Are Parents Married? Yes (7) DATE OF BIRTH April 4 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME: Cecile J. De Jonnillon(9) PRESENT POSTOFFICE OF FATHER: 734 Rutledge Ave(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 4 (Year)(12) BIRTHPLACE: New Orleans La.(13) OCCUPATION: Steam Fitter(20) Number of children born to mother, including present birth: 5

## MOTHER.

(14) NAME BEFORE MARRIAGE: Rebecca Murray(15) PRESENT POSTOFFICE OF MOTHER: 734 Rutledge Ave(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 30 (Year)(18) BIRTHPLACE: Williamsburg County S.C.(19) OCCUPATION: Domestic(21) Number of children of this mother now living, including present birth: 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 6:40 P. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Charles D. Bachtin M.D.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 535 Rutledge Ave

Given name added from a supplemental report

(26) Witness

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

(27) Filed 4/11 19 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.