

Form No. 1

(1) PLACE OF BIRTH

County of AikenTownship of Schultz

Inc. Town of

City of

(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

40629

Registration District No. 213Registered No. 71
(For use of Local Registrar)(2) Full Name of Child Alice Bonham

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>111</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 18 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Henry Bonham(9) PRESENT POSTOFFICE OF FATHER Augusta Ga R 4(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE S C(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 31

MOTHER.

(14) NAME BEFORE MARRIAGE Katie Hill(15) PRESENT POSTOFFICE OF MOTHER Augusta Ga R 4(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE D C(19) OCCUPATION Home(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rhoda Daugherty(24) State whether Physician or Midwife (25) Address of Physician or Midwife Augusta Ga R 4

Given name added from a supplemental report

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

(27) Filed 1730 (28) SR Medlock 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.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.