

(1) PLACE OF BIRTH

County of *Barnwell*

Township of .....

or  
Inc. Town of *Allen Dale*

or

City of .....

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

(2) Full Name of Child *Not Named*

File No.—For State Registrar Only

*48108*

### CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. *500* Registered No. *11*

(For use of Local Registrar)

(3) BOY OR GIRLY *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married *Yes* (7) DATE OF BIRTH *Feb 28 1914*  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *George Bonner*

(9) PRESENT POSTOFFICE OF FATHER *Allendale St*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *30*  
(Years)

(12) BIRTHPLACE *St.*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth *3*

MOTHER.

(14) NAME BEFORE MARRIAGE *Maria Priester*

(15) PRESENT POSTOFFICE OF MOTHER *Allendale St*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *26*  
(Years)

(18) BIRTHPLACE *St.*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth *1*

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Born Alive* ..... *5-0* ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour of M. or P. M.)

(23) (Signature) *F. H. Boyd M.D.*

(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Allendale St.*

Given name added from a supplemental report

....., 191.....  
.....  
..... Registrar

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

(27) Filed *Feb 28 1914*. (28) *F. H. Boyd M.D.* 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.

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MARRIAGE REGISTRATION, WITH DETAILED INFO.—THIS IS A PERMANENT RECORD.  
N. H.—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.  
MCCRAW of Columbia.