

NOTE: FAMILY WITH PREVIOUS CHILDREN IN A PREVIOUS BIRTH REPORT  
 2. Space one of TWINS OR TRIPLETS and a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

DEPT. OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of York  
 Township of Cheney  
 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.)  
 (No. .... St.; ..... Ward)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

87925

Registration District No. 4405

Registered No. 114  
(For use of Local Registrar)(2) Full Name of Child Albert Jones

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

(3) BOY OR GIRL B.(4) Twin or Triplet? X

To be answered only in event of Twins or Triplets

(5) Number in order of birth X(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Nov 24 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Paul Louis Bonhomme(9) PRESENT POSTOFFICE OF FATHER Post Miss. R.F.D. 3.(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 23  
(Years)

(12) BIRTHPLACE

Fairfield Co. S.C.

(13) OCCUPATION

Miss Operator

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

2nd

## MOTHER.

(14) NAME BEFORE MARRIAGE

Eric Louis Waller

(15) PRESENT POSTOFFICE OF MOTHER

R.N. R.F.D. 3.(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 20  
(Years)

(18) BIRTHPLACE

Roussin Co. S.C.

(19) OCCUPATION

Domestic

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

2nd

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M.,  
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Dorothy M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 12/1/17 1916

(28)

J. H. Smith  
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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