

## (1) PLACE OF BIRTH

County of Cashier  
 Township of Beulah  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17761

Registration District No. 250 Registered No. 67  
 (For use of Local Registrar)

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

(2) Full Name of Child Joseph Bonaforte { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 2nd (6) Are Parents Married? yes (7) DATE OF BIRTH June 21, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Bonaforte  
 (9) PRESENT POSTOFFICE OF FATHER St. Matthews  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 44 (Years)  
 (12) BIRTHPLACE South Carolina  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Ann Howell  
 (15) PRESENT POSTOFFICE OF MOTHER St. Matthews  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 35 (Years)  
 (18) BIRTHPLACE South Carolina  
 (19) OCCUPATION Farmer work  
 (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 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John Lawrence(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife St. Matthews

Given name added from a supplemental report

(26) Witness A. R. Robe

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 21, 1922(28) Local Registrar A. R. Robe

\*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.

RECEIVED WITH CHARGING INQUIRY IN A PERMANENT RECORD. 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.