

(1) PLACE OF BIRTH

County of Laurens
 or
 Township of Sumter
 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

8185

Registration District No. 2907Registered No. 31

(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child Hubert Lee Bonner

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

(3) BOY OR GIRL
Boy

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Jan 24 22
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie B. Bonner

(9) PRESENT POSTOFFICE OF FATHER

McVillie P.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 29
(Year)(12) BIRTHPLACE P.C.(13) OCCUPATION Farm

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Gary(15) PRESENT POSTOFFICE OF MOTHER McVillie P.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 20
(Year)(18) BIRTHPLACE P.C.(19) OCCUPATION Farm

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5:41 P.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Calvin X Gary(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife McVillie P.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Mich 15 19 22(28) Edw. Lee
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.