

FORM NO. 1

(1) PLACE OF BIRTH

County of Charleston STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 Township of Christ Church State Board of Health

or
 Inc. Town of Parish Registration District No. 701 Registered No. 39
 or
 City of _____ (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 Genevra Bonneau } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 14 1916
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Bonneau(9) PRESENT POSTOFFICE OF FATHER Mt Pleasant SC(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Charleston(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 16

MOTHER.

(14) NAME BEFORE MARRIAGE Robert Seabrook(15) PRESENT POSTOFFICE OF MOTHER Mt Pleasant SC(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Christ Church Parish(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was alive at 10 A. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

My wife(23) (Signature) Peggy Bonneau(24) State whether Physician or Midwife (25) Address of Physician or Midwife Mt Pleasant SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct 16 1916(28) J. M. Givens 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.
 THIS PLAIN, 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.
 McGraw-Hill of Columbia