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FILE No.—For State Registrar Only

0102

1. PLACE OF BIRTH

County of AndersonTownship of Centervilleor
Inc. Town ofor
City of

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 303 Registered No. 153

(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 Richard Bonham O'Neal If child is not yet named, make supplemental report as directed.3. Boy or Girl Boy If Plural births 4. Twin, triplet or other..... 5. Number, in order of birth 4 6. Premature..... Full term..... 7. Are Parents Married? yes 8. Date of birth October 30, 1916 (Month, day, year)9. Full name William Bonham O'Neal FATHER 18. Name before marriage Floide Virginia Wooten MOTHER10. Residence (mailing address) (If non-resident, give place and State) Anderson, S.C. 19. Residence (mailing address) (If non-resident, give place and State) Anderson, S.C.11. Color or race White 12. Age at last birthday 31 (Years) 20. Color or race W 21. Age at last birthday 28 (Years)13. Birthplace (city or place) (State or country) South Carolina 22. Birthplace (city or place) (State or country) Georgia

OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>none</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>
16. Date (month and year) last engaged in this work..... 19.....	25. Date (month and year) last engaged in this work..... 19.....
17. Total time (years) spent in this work.....	26. Total time (years) spent in this work.....

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11:00 P.M. on the date above stated. (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) [Signature], M.D.

Given name added from a supplementary report..... (Date of).....

or..... Midwife.

Address Anderson, S.C.Filed 11-10, 1916 Edw. T. Barton Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)