FORM No 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
75219

(1) PLACE OF BIRTH
County of York
Township of Broad River
or
Inc. Town of ..... Registration District No. 4407 Registered No. 47
(For use of Local Registrar)
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 Bonkhead

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

(3) BOY OR GIRL?	(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
Boy			Yes	Aug.	20,	1916

FATHER.

(8) FULL NAME Silas Bonkhead
(9) PRESENT POSTOFFICE OF FATHER Hickory Grove R.F.D. 1
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE York Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Smith
(15) PRESENT POSTOFFICE OF MOTHER Hickory Grove R.F.D. 1
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE York Co
(19) OCCUPATION Domestic
(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 alive (Born alive or stillborn) at 4-30 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Bessie Morgan

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report ....., 191....

..... Registrar

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

(27) Filed Aug 22 191.. (28) M Finley 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING.
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.
McCaw, of Columbia.