

INSTRUCTIONS. No. 1. THIS OTHER, No. 2, etc., in question 5.

MECAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No.—For State Registrar Only

36899

Registered No. 83
(For use of Local Registrar)

(2) Full Name of Child

Jestine Bonds

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Nov 15 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Hoyd Bonds

(9) PRESENT POSTOFFICE OF FATHER

Landonville

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

27 (Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Ida Smith

(15) PRESENT POSTOFFICE OF MOTHER

Landonville

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

24 (Year)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was

at

at M., on the date above stated.

(23) (Signature)

Rosa Lee Bonds

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 10 1922

(28)

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.