

(1) PLACE OF BIRTH

County of Charleston

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71774

Township of .....

or

Inc. Town of .....

or

City of Charleston S.C. No. 10 ParkeRegistration District No. 1/ARegistered No. 908

(For use of Local Registrar)

City of Charleston S.C. No. 10 Parke St.; ..... Ward)(2) Full Name of Child Blanca Eloise Delancey Boneparte If child is not yet named, make supplemental report as directed(3) ~~BOY~~ OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Aug. 31 1916  
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

(8) FULL NAME Wallace Boneparte

MOTHER.

(14) NAME BEFORE MARRIAGE Wallis Clayton(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 43

(Years)

(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 39

(Years)

(12) BIRTHPLACE South Carolina(18) BIRTHPLACE Charleston S.C.(13) OCCUPATION Poter(19) OCCUPATION at home(20) Number of children born to mother, including present birth 12(21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 3 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah A. Jones midwife(24) State whether Physician or Midwife (25) Address of Physician or Midwife 10 7

Given name added from a supplemental report

(26) Witness

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

(27) Filed 9/5 1916(28) 5

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.

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WHEN NOT FURNISHED BY REGISTRAR, THIS SPACE IS TO BE USED FOR A SUPPLEMENTAL REPORT. 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.

M. G. of Columbia