

(1) PLACE OF BIRTH

County of *Charleston*

Township of

or
Inc. Town of

City of *Charleston S.C.* (No. *10 Parke*)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Blara Elise Bonaparte*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71774

Registration District No. *1/A* Registered No. *908*
(For use of Local Registrar)

St.; Ward)

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? <i>yes</i>	(7) DATE OF BIRTH <i>Aug. 31, 1916</i> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME *Wallace Bonaparte*

(9) PRESENT POSTOFFICE OF FATHER *Charleston S.C.*

(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *43* (Years)

(12) BIRTHPLACE *South Carolina*

(13) OCCUPATION *Porter*

(20) Number of children born to mother, including present birth *12*

MOTHER

(14) NAME BEFORE MARRIAGE *Wallis Clayton*

(15) PRESENT POSTOFFICE OF MOTHER *Charleston S.C.*

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

(18) BIRTHPLACE *Charleston S.C.*

(19) OCCUPATION *at home*

(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* A.M., on the date above stated. (Both 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

9/9/143 191
L.A. Piser, M.D.
Registrar

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

(27) Filled *9/6* 191-7 (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.

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WHEN NOT IN CARE OF TWINS OR TRIPLETS, WRITE EMPLOYING AGENCY, WITH EMPLOYEE'S NAME, IN A SEPARATE BLANK FOR EACH CHILD, AND MARK THE

M.G.