

(1) PLACE OF BIRTH

County of Charleston

Township of

OF

Inc. Town of

OF

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. 908

File No.—For State Registrar Only

27566

Registered No.

(For use of Local Registrar)

(No. St Andrews Parish Ward)

(2) Full Name of Child

Bonnie Hester Flood

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married Yes

(7) DATE OF BIRTH

(Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ollie Frank Flood

(9) PRESENT POSTOFFICE OF FATHER

St Andrews Parish

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

34

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Hessie Ruth Kitchen

(15) PRESENT POSTOFFICE OF MOTHER

St Andrews Parish

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

33

(18) BIRTHPLACE

SC

(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 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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 22 is signed by mark)

(27) Filed

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(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.

FUGILLANTINE

Register