

1. PLACE OF BIRTH

County of Charleston

Township of "

or Town of Charleston

City of "

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

88691

Registration District No. 9X

Registered No. 1364

(For use of Local Registrar)

St. " Ward "

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

2. Full Name of Child Bonny Bayersky

3. SEX Girl (4) Twin or Triplet? X (5) Number in order of birth 4 (6) Acc. Parents Married? Yes (7) DATE OF BIRTH Dec. 1, 1916 (Name of Month) (Day) (Year)

FATHER

8. FULL NAME Sam Bayersky

9. PRESENT POSTOFFICE OF FATHER Charleston S.C.

10. COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 38 (Years)

12. BIRTHPLACE Europe

13. OCCUPATION Sailor

14. Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Celia Abrash

(15) PRESENT POSTOFFICE OF MOTHER 84 Mary St.

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

(18) BIRTHPLACE Europe

(19) OCCUPATION Dom.

(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

21. I hereby certify that I attended the birth of this child who was alive at 12:45 P.M. on the date above stated. (Born alive or stillborn) (Hour & M.)

(22) (Signature) Wm. L. L. L. (23) Address of Physician or Midwife Charleston

(24) State whether Physician or Midwife Physician

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed 12/7/16 (27) 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.