

CERTAIN RESERVED FOR BINDING. WITH UNPAID IN FULL IN A PERMANENT RECORD
 N. B.—In case of FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Calhoun
 Township of Sixons
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

41157

Registration District No. S. 4. 2 Registered No. 139
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child Walter Bonaparte If child is not yet named, make supplemental report as directed

| | | | | |
|-------------------------------|---|------------------------------|--|--|
| (3) BOY OR GIRL <u>Boy</u> | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Dec. 1, 1922</u> (Name of Month) (Day) (Year) |
|-------------------------------|---|------------------------------|--|--|

FATHER.

(8) FULL NAME Isaac Bonaparte
 (9) PRESENT POSTOFFICE OF FATHER Cameron, S.C.
 (10) COLOR OR RACE Negro
 (11) AGE AT LAST BIRTHDAY 45
 (Years)
 (12) BIRTHPLACE Calhoun Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 19

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Borian
 (15) PRESENT POSTOFFICE OF MOTHER Cameron, S.C.
 (16) COLOR OR RACE Negro
 (17) AGE AT LAST BIRTHDAY 42
 (Years)
 (18) BIRTHPLACE Calhoun Co
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 19

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A.M.
 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Frances Conelle
 (24) State whether Physician or Midwife midwife
 (25) Address of Physician or Midwife Cameron, S.C.

Given name added from a supplemental report

(26) Witness Mrs. J. Keller
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec. 18, 1922 (28) W. S. Keller
 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.