

(1) PLACE OF BIRTH

County of Charleston

Township of Charleston

Inc. Town of Charleston

City of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Department

No. 540

Registration No. 127

Registered No. 176  
(For use of Local Registrar)

Ward 12

(2) Full Name of Child Jestine Bonaparte

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

(3) SEX OF CHILD girl (4) DATE OF BIRTH Jan 31, 1923

(5) NAME OF FATHER Abraham Bonaparte

(6) NAME OF MOTHER Madeline Reid

(7) PRESENT ADDRESS OF FATHER Charleston

(8) PRESENT ADDRESS OF MOTHER Charleston

(9) COLOR OF FATHER Col (10) AGE AT LAST BIRTHDAY 30

(11) COLOR OF MOTHER Col (12) AGE AT LAST BIRTHDAY 17

(13) OCCUPATION OF FATHER Driver

(14) OCCUPATION OF MOTHER Laundress

(15) NUMBER OF CHILDREN born to mother, including present one 2

(16) NUMBER OF CHILDREN of this mother now living, including present one 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(17) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Seen alive or stillborn) (Seen alive or stillborn)

(18) (Signature) Alice Bryant  
(19) Name, whether Physician or Midwife Midwife (20) Address of Physician or Midwife 151 Charlotte St

Given name added from a supplemental report

(21) Witness (Signature of Witness necessary only when question 17 is "Stillborn") Jan 1, 1923

(22) Signed 2/8 (23) 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.

Registrar

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