

16 092867

1. PLACE OF BIRTH

County of Aiken
 Township of Shaw
 or
 Inc. Town of _____
 or
 City of _____
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth

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

FILE No.—For State Registrar Only

03838

Registration District No. 211Registered No. _____
(For use of Local Registrar)(No. Rt. 3 Box 17 Aiken S.C.)

Ward _____

2. FULL NAME OF CHILD

Bonnie Dora Perkins

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

3. Boy or Girl Girl 4. Twin, triplet or other _____ 6. Premature _____ 7. Are Parents _____ 8. Date of birth April 30 1946
 If Plural births _____ Full term _____ Married yes (Month, day, year)

9. Full name Laurence Perkins FATHER18. Name before marriage Georgia Gipson MOTHER10. Residence (mailing address) Rt. 3 Box 17 Aiken
(If non-resident, give place and State)19. Residence (mailing address) Aiken
(If non-resident, give place and State)11. Color or race Negro 12. Age at child's birth 36 (years)20. Color or race Negro 21. Age at child's birth 34 (years)13. Birthplace (city or place) Aiken County
(State or country)22. Birthplace (city or place) Aiken County
(State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. former23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. farming15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farming24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. farming16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 20 yrs.25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 20 yrs.27. Number of children of this mother 56
(At time of birth and including this child (a) Born alive and now living X (b) Born alive but now dead _____ (c) Stillborn _____)

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was _____ at _____ m. on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) Laurence Perkins, Parent

Given name added from a supplementary report _____ (Date of) _____

Address Rt. 3 Box 40 AikenFiled June 24, 1946 M. A. Henderson
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. E.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

5/21/42