

(1) PLACE OF BIRTH

County of CathayTownship of Amelia

In. Town of

or

City of

(If birth occurs in a hospital or other institution, name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31077

Registration District No. 800Registered No. 78

(For use of Local Registrar)

(2) Full Name of Child

Joseph Emmitt Bonaparte

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

July 25 1923

(Month of Month) (Day) (Year)

(8) FULL NAME

Emmitt Bonaparte

(9) PRESENT POSTOFFICE OF FATHER

Ft. Mott S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

34

(12) BIRTHPLACE

Cathay Co

(13) OCCUPATION

Farm laborer

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

Five

(14) NAME BEFORE MARRIAGE

Lessie Bonaparte

(15) PRESENT POSTOFFICE OF MOTHER

Ft. Mott S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

29

(18) BIRTHPLACE

Cathay Co

(19) OCCUPATION

House wife

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

Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born July 25 1923 at July 25 1923 on the date above stated.(22) (Signature) Violet X. Thelander

(23) State whether Physician or Midwife

Physician

(24) Address of Physician or Midwife

Ft. Mott S.C.

Given name added from a supplemental report

101

(25) Witness

J. Woodley

(26) Signature of Witness necessary only when question 21 is signed by mark

(27) Filed

Dec 1 1923(28) A. L. Able

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.

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