

16 093565

## 1. PLACE OF BIRTH

County of Edgefield  
 Township of Wise  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1813

FILE No.—For State Registrar Only

00113

Registered No. 20  
(For use of Local Registrar)(No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)2. FULL NAME OF CHILD J. L. Bonlan

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

3. Boy or Girl Boy If Plural births \_\_\_\_\_ 4. Twin, triplet or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term \_\_\_\_\_ 7. Are Parents Married? No 8. Date of birth July 16 1946  
(Month, day, year)

9. Full name John Lewis FATHER18. Name before marriage Guthrie Bonlan MOTHER10. Residence (mailing address)  
(If non-resident, give place and State) Edgefield, S.C.19. Residence (mailing address)  
(If non-resident, give place and State) Edgefield, S.C.11. Color or race N 12. Age at child's birth 21 (years)20. Color or race N 21. Age at child's birth 19 (years)13. Birthplace (city or place)  
(State or country) Edgefield, S.C.22. Birthplace (city or place)  
(State or country) Edgefield, S.C.14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_

17. Total time (years) spent in this work \_\_\_\_\_

26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother  
(At time of birth and including this child) (a) Born alive and now living 1 (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 Born alive 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.Given name added from  
a supplementary report \_\_\_\_\_

(Date of) \_\_\_\_\_

Registrar. \_\_\_\_\_

(Signed) Guthrie Bonlan, Parent  
or \_\_\_\_\_ GuardianAddress \_\_\_\_\_  
Filed May 5, 1946 Chas. D. Lail  
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.)

11-2-44

not reg

b.p.