

FORM NO. 5

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH
County of Charleston
Township of _____
or
Inc. Town of _____
City of Charleston
(If birth occurs in a hospital or other institution, give 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
45563

Registration District No. 9th Registered No. 68
(For use of Local Registrar)
No. 366 King St. St.; _____ Ward
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Edmund Bonnette } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>to be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>38</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 21 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER. (8) FULL NAME <u>Philip Almond Bonnette</u>		MOTHER. (14) NAME BEFORE MARRIAGE <u>Lucy D. D. D.</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Lucy, Canada.</u>		(18) BIRTHPLACE <u>St. Louis, Canada</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>House Wife</u>		
(20) Number of children born to mother, including present birth <u>One</u>		(21) Number of children of this mother now living, including present birth <u>One</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alma at _____ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Lucy D. D. D.
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 187 Cushman

Given name added from a supplemental report
James S., 1916.
Edmund
Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 1/24 1916 (28) _____ 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.