

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINNING, SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Lurvin
Township of Beals
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.)

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

File No.—For State Registrar Only
43256

Registration District No. 2901 Registered No. 132
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 15 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME H H Bonnas
(9) PRESENT POSTOFFICE OF FATHER Cummings SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22
(Year) (12) BIRTHPLACE SC
(13) OCCUPATION Lumber
(20) Number of children born to mother, including present birth {

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie M. Con
(15) PRESENT POSTOFFICE OF MOTHER Cummings SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
(Year) (18) BIRTHPLACE SC
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth {

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. T. Pace (24) State Physician (25) Address of Physician or Midwife Pray Court

Given name added from a supplemental report
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19

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan 6 1922 (28) W E Mahan 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.