

(1) PLACE OF BIRTH

County of McClintock
 Township of Boonville
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

8398

Registration District No. 4575Registered No. 215
(For use of Local Registrar)

(2) Full Name of Child Isabella Bonchilla
 (If birth occurs in a hospital or other institution, give name of same; instead of street and number.)
 (Supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Age Parents Yes (7) DATE OF BIRTH Jul 10 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Theodore Bonchilla(9) PRESENT POSTOFFICE OF FATHER Boonville(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Book Keeper(20) Number of children born to mother, including present living 2

MOTHER

(14) NAME BEFORE MARRIAGE Clis Mitchels

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White at 8 a M., on the date above stated.(23) (Signature) B. A. Mathews

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a suggestion of the report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by party)

Mathews 22 B. A. Mathews

When there was no attending physician or midwife, then the father, grandfather, etc., should give the name of the person who reported as attending, or report is desired of someone.