

File No.—For State Registrar Only
75900

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

(1) PLACE OF BIRTH
County of Keely
Township of tan
or
Inc. Town of.....
or
City of.....
(If birth of..... in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 708 Registered No. 237
(For use of Local Registrar)

(2) Full Name of Child Paul 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? no (7) DATE OF BIRTH.....
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME not known
(9) PRESENT POSTOFFICE OF FATHER " "
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY..... (Years)
(12) BIRTHPLACE not known
(13) OCCUPATION " "
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Bonaparte
(15) PRESENT POSTOFFICE OF MOTHER Bonneau S.C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Chelcia
(19) OCCUPATION Laborer
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Sallie Swinton(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Bonneau S.C.

Given name added from a supplemental report

(26) Witness G. M. Cross
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 30th 1916 (28) D. W. Cross 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.

2. BINDING.

WRITE PLAINLY, WITH UNFADING INK.

N. 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.