

## 1. PLACE OF BIRTH

County of Albermarle

Township of \_\_\_\_\_

or  
Inc. Town of Albermarleor  
City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1a

Registered No. \_\_\_\_\_

(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

Paul Jeremiah Bond Jr.

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

## 3. SEX OR

A. Twin or  
Triplet?B. Number in order  
of birthC. Are  
Parents  
Married?

## 4. DATE OF BIRTH

32-3

(Name of Month)

(Day)

(Year)

To be answered only in event of Twins or Triplets

## FATHER

5. FULL  
NAMEPaul Bond6. PRESENT  
POSTOFFICE  
OF FATHERHobbes Co.10. COLOR  
OR  
RACEWhite11. AGE AT LAST  
BIRTHDAY27

(Years)

## 12. BIRTHPLACE

Kennett Ga.

## 13. OCCUPATION

R. R. Fireman20. Number of children born to  
mother, including present birthOne

## MOTHER

14. NAME BEFORE  
MARRIAGELedy May Jones15. PRESENT  
POSTOFFICE  
OF MOTHERHobbes Co.16. COLOR  
OR  
RACEWhite17. AGE AT LAST  
BIRTHDAY28

(Years)

## 18. BIRTHPLACE

Dawsonville Ga.

## 19. OCCUPATION

Housewife21. Number of children of this mother  
now living, including present birthOne

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was born alive  
on the date above stated. (Born alive or stillborn)(Hour A.M. or P.M.) 11:00 P.M.

## 23. Signature

[Signature]

24. State whether Physician or Midwife

## 25. Address of Physician or Midwife

Hobbes Co.

Given name added from a supplemental report

\_\_\_\_\_, 193\_\_\_\_

## 26. Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)

## 27. Filed

\_\_\_\_\_, 19\_\_\_\_

## 28.

Local Registrar

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 28th month of pregnancy.