

## (1) PLACE OF BIRTH

County of AndersonTownship of CoppageInc. Town of AndersonCity of Anderson

(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 HealthFile No. - For State Registrar Only  
19817Registration District No. 304Registered No. 68  
(For use of Local Registrar)(2) Full Name of Child Ellen Bonds (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  
To be answered only in event of Twin or Triplet(6) Are Parents Married? Yes(7) DATE OF BIRTH July 15 23  
(Name of Month) (Day) (Year)(8) FATHER'S FULL NAME Will Bonds(9) PRESENT POSTOFFICE OF FATHER Anderson(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21  
(Year)(12) BIRTHPLACE And. Co S.C.(13) OCCUPATION Teacher(20) Number of children born to mother, including present birth 0(14) MOTHER'S NAME BEFORE MARRIAGE Nora Elgin(15) PRESENT POSTOFFICE OF MOTHER Anderson(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21  
(Year)(18) BIRTHPLACE And. Co S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 0

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at Anderson M.,  
on the date above stated. (Born alive or stillborn) (Hour P. M. or P. M.)(23) (Signature) Debra L. Baker  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed June 21 23 (28) S. M. McAdams 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.