

(1) PLACE OF BIRTH

County of SpartanburgTownship of Pacolet

Inc. Town of

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

5273

Registration District No. 4006 Registered No. 15
(For use of Local Registrar)(2) Full Name of Child George Franklin Bonner child is not yet named, make supplemental report as directed
 (3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Age of Parent yes (6) DATE OF BIRTH 3 26 33
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George A. Bonner(9) PRESENT POSTOFFICE OF FATHER Pacolet S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43
(Year)(12) BIRTHPLACE South Carolina(13) OCCUPATION Merchant(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Mae Osborne(15) PRESENT POSTOFFICE OF MOTHER Pacolet S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P.M.
on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) W. L. Kirkpatrick
(24) State whether Physician or Midwife (25) Address of Physician or Midwife M. D. Pacolet S.C.

Given name added from a supplemental report

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

(27) Filed March 23, 1933 M. W. Brown
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.