

**STATE OF SOUTH CAROLINA**  
**Bureau of Vital Statistics**  
**State Board of Health**

20219

County of Spartanburg  
Township of Carleton  
or  
Inc. Town of .....  
or  
City of .....

Registration District No. 40.06 Registered No. 77.76  
(For use of Local Registrar)

(No. .... St. .... Ward)

(2) Full Name of Child Amos Hazel Bonner If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? Girl

4) Twins or Triplets? 2nd

5) Number in order of birth 5th

6) Are Parents Married? Yes

7) DATE OF BIRTH 6-19-22  
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets:

7) FULL NAME Irach Bomer

9) PRESENT  
POSTOFFICE  
OF FATHER *Zouq h*

10) COLOR OR RACE *White* 11) AGE AT LAST BIRTHDAY *30* (Years)

12) BIRTHPLACE  
*Tenn*

13) OCCUPATION  
*Lawyer*

20) Number of children born to mother, including present birth

(14) NAME BEFORE MARRIAGE *Travis Alvin*

(15) PRESENT POSTOFFICE OF MOTHER *Trough 24*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *28* Years

(18) BIRTHPLACE *Texas*

(10) OCCUPATION  
Housewife

(21) Number of children of this mother now living, including present birth: 5

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

(28) (Signature)

(20) State whether Physician or Midwife

(26) Address of Physician or Midwife

Given name added from a supplement-  
tal report

(24) **Witness**

(Signature of Witness necessary only  
when question 13 is signed by mark)

1034 Filed

430

10-2-2

(23)

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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.