

(1) PLACE OF BIRTH

County of Berkley
 Township of S. T. Stephens
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 10. - For birth Registrar only
 3035

Registration District No. 12.1.1. Registered No. 12
 (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 Yvonne Borneau If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Type of Birth To be reported only in event of Twin or Triplet (5) Sex of Child Male (6) DATE OF BIRTH Feb 8 1923
 (Month of Month) (Day) (Year)

FATHER.

(7) FULL NAME Charles A. Borneau
 (8) PRESENT POSTOFFICE OF FATHER Borneau, S.C.
 (9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 42 (Year)
 (11) BIRTHPLACE Berkley, S.C.

(12) OCCUPATION House work

(13) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ester A. Borneau
 (15) PRESENT POSTOFFICE OF MOTHER Borneau, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Year)
 (18) BIRTHPLACE Berkley, S.C.

(19) OCCUPATION House work

(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 8 PM. on the date above stated. (Born alive or stillborn) Hour P. M. or P. M.)

(22) (Signature) midwife Borneau S.C. (23) State whether Physician or Midwife or Midwife (24) Address of Physician or Midwife

Give name address from a supplemental report

(25) WITNESSES (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed Feb 28 1923 (27) J. J. G. G. G.

When there is a child born, the birth must be reported to the Registrar within 10 days of the birth.