

(1) PLACE OF BIRTH
County of Laurin
Township of Laurin
or
Inc. Town of
or
City of

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

File No. — For State Registrar Only
30987

Registration District No. 7904 Registered No. 112
(For use of Local Registrar)

(2) Full Name of Child Orville Earl Bond
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
St.; Ward)
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins, triplets</small>	(5) Number in order of birth <u>1</u>	(6) Age Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 14 22</u> <small>(Name of Month) (Day) (Year)</small>
(8) FULL NAME FATHER <u>Thomas Bond</u>			(9) NAME BEFORE MARRIAGE MOTHER <u>Kellie Nelson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Laurin S.C.</u>			(10) PRESENT POSTOFFICE OF MOTHER <u>Laurin S.C.</u>	
(11) COLOR OR RACE <u>Negro</u>	(12) AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small>	(13) COLOR OR RACE <u>Negro</u>	(14) AGE AT LAST BIRTHDAY <u>34</u> <small>(Years)</small>	(15) BIRTHPLACE <u>Laurin Co S.C.</u>
(16) OCCUPATION <u>Farmer</u>			(17) OCCUPATION <u>Domestic</u>	
(18) Number of children born to mother, including present birth <u>4</u>			(19) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mary M. Bond
(24) (State whether Physician or Midwife) Midwife (25) Address of Physician or Midwife Laurin S.C.

Given name added from a supplemental report

(26) Witness L. E. Bishop
(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed Sept 21 22 (28) L. E. Bishop 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.

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