

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 90019
County of <u>Greenville</u>		Registration District No. <u>2200</u>		Registered No. <u>129</u>
Township of <u>Clester</u>				(For use of Local Registrar)
Inc. Town of		(No. St.; Ward)		
City of		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		
(2) Full Name of Child <u>Margarette Bonds</u> If child is not yet named, make supplemental report as directed				
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 24 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Clyde Bonds</u>			(14) NAME BEFORE MARRIAGE <u>Marie Walker</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Mill Operative</u>		(19) OCCUPATION <u>House Work</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*				
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>10 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)				
(23) (Signature) <u>M.C. Smith</u>				
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Greenville</u>				
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19		(27) Filed <u>Jan 5</u> 19 <u>17</u> (28) <u>J. L. R. Hardison</u> Registrar 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.				