

(1) PLACE OF BIRTH  
County of Charleston  
Township of "

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

File No.—For State Registrar Only  
**71781**

Inc. Town of Charleston Registration District No. 9A Registered No. 915  
(For use of Local Registrar)  
City of Charleston (No. State 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 Edmund Bonnet Bonnet { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 2 1916  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Abel Bonnet

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Salesman

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE Lebbie Cunningham

(15) PRESENT POSTOFFICE OF MOTHER Charleston

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION Domestic

(21) 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 6:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Kim Pearson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife 93 West 10th St

Given name added from a supplemental report

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

(27) Filed 9/13 1916 (28) J. Mercier Green M.D. 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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