

(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

41312

County of Chas

Township of

or
Inc. Town ofor
City of Chas

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 9 A Registered No. 1971
 (For use of Local Registrar)St. 16 Reid St. Ward 5(2) Full Name of Child Margaret Bonaparte { If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twin or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 16, 1971</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.(8) FULL NAME William Bonaparte(9) PRESENT POSTOFFICE OF FATHER 16 Reid Street(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25
 (Years)(12) BIRTHPLACE Jacksonville, SC.(13) OCCUPATION work in grocery store(14) Number of children born to mother, including present birth Three**MOTHER.**(14) NAME BEFORE MARRIAGE Margaret Boniman(15) PRESENT POSTOFFICE OF MOTHER 16 Reid Street(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 16
 (Years)(18) BIRTHPLACE Jacksonville, S.C.(19) OCCUPATION housewife(20) Number of children of this mother now living, including present birth Three**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***(22) I hereby certify that I attended the birth of this child, who was born alive at 1:20 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) G. Frank [illegible](24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician | 58 [illegible]

Given name added from a supplemental report

....., 1971

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Registrar

(26) Witness (Signature of Witness, not necessary when question 23 is answered) [illegible](27) Filed 12/17/71 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.

IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
 McGraw-Hill of Columbia