

## (1) PLACE OF BIRTH

County of Hampton  
 Township of Watauga  
 or Easy Branch  
 Inc. Town of Easy Branch  
 or Easy Branch  
 City of Easy Branch

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

File No.—For State Registrar Only

42932

Registration District No. 7403 Registered No. 87  
 (For use of Local Registrar)

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

## (2) Full Name of Child

Rita Bonwell

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 15, 1922  
 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Leslie Bonwell  
 (9) PRESENT POSTOFFICE OF FATHER Easy Branch  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 30  
 (Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

## MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(28) Local Registrar

19 ..... 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.