

FORM NO. 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

52575

County of

Hampden

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of

Pocahontas

or

Inc. Town of

Eng Branch

Registration District No. 7403

Registered No. 12

or

City of

(No. 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

Annie Bonwell

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

6

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Month 5 Day 6 Year

FATHER.

(8) FULL NAME

Frank Bonwell

(9) PRESENT POSTOFFICE OF FATHER

Eng Branch

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

40 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

Six

MOTHER.

(14) NAME BEFORE MARRIAGE

Lizzie Duncan

(15) PRESENT POSTOFFICE OF MOTHER

Eng Branch

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

36 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Ice & Coal

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

Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10-8 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Rosa

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Eng Branch

Given name added from a supplemental report

191

Registrar

(26) Witness

B. P. DeLoach

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

(27) Filed

Feb 10 1916

(28)

H. W. ...

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.

MARGIN RESERVED FOR BINDING. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.