

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of

Williamsburg

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

54101

Township of

Clarendon

OR

Inc. Town of

OR

City of

(No.)

Registration District No. *4313*Registered No. *8*

(For use of Local Registrar)

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

2) Full Name of Child

Ria

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

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? <i>To be answered only in case of Twins or Triplets</i>	(5) Number in order of birth	(6) Are Parents Married? <i>No</i>	(7) DATE OF BIRTH <i>March 27 1916</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *Robert Monzon*(9) PRESENT POSTOFFICE OF FATHER *Monzon*(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *22* (Years)(12) BIRTHPLACE *Williamsburg Co. S.C.*(13) OCCUPATION *farmer*(20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Ann Elizabeth Presley*(15) PRESENT POSTOFFICE OF MOTHER *Monzon*(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *16* (Years)(18) BIRTHPLACE *Williamsburg Co. S.C.*(19) OCCUPATION *House Girl*(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 *4 o'clock A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Rollie Monzon*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Monzon S.C.*

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filed *Sept 9 1916*(28) *Chas. T. Bueger, Jr.* Legal 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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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, No. 1, THE OTHER, No. 2, etc., in question 5.

McGraw-Hill

W. E.