

(1) PLACE OF BIRTH
County of Winchester
Township of Monroe

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

File No.—for State Registrar Only
3456

Reg. District No. 4306 Registered No. 12
(For use of Local Registrar)
City of _____ (No. _____) (Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Mary Ann Monroe If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 2, 1903
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME S. Edward Monroe

(9) PRESENT POSTOFFICE OF FATHER Kingsgate, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (Years)

(12) BIRTHPLACE Winchester Co. S.C.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Huggins

(15) PRESENT POSTOFFICE OF MOTHER Kingsgate, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Charleston Co. S.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive (Hour A. M. or P. M.) 2 P. M.
on the date above stated.

(23) (Signature) Calvin T. Trimm

(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Kingsgate, S.C.

(Given name added from a supplemental report)

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

(27) Filed Feb. 10, 1903 (28) T. Trimm 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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