Form No. 1

(1) PLACE OF BIRTH

County of Sheffield Co

Township of ..... 15 .....

or

Inc. Town of Monticello

or

City of ..... 19 C

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
18536

Registration District No. 15 ..... Registered No. 26 .....
(For use of Local Registrar)

(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 Monie Ruth Thompson ---- {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? 6	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth 11	(6) Are Parents Married? Yes	(7) DATE OF BIRTH June 13 (Name of Month) (Day) 192 (Year)

FATHER.

(8) FULL NAME Harold Thompson

(9) PRESENT POSTOFFICE OF FATHER Monticello

(10) COLOR OR RACE 15 (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE 21

(13) OCCUPATION [illegible]

(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Monie Hendrix

(15) PRESENT POSTOFFICE OF MOTHER Monticello

(16) COLOR OR RACE 1 (17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE [illegible]

(19) OCCUPATION none

(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mary Robb

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Strother

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed 4 Jul 192 (28) C. T. Robb 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.

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.

McCAW OF COLUMBIA, COLUMBIA, S. C.