

(1) PLACE OF BIRTH
County of Richland
Township of Faver
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
78984

Registration District No. 380.3 Registered No. 270
(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 Jizzie Monroe (No. St.; Ward)

BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH May 25 1906
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Jim Monroe
(9) PRESENT POSTOFFICE OF FATHER Carlton SC
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30
(12) BIRTHPLACE SC
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Jizzie Robinson
(15) PRESENT POSTOFFICE OF MOTHER Carlton SC
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20
(18) BIRTHPLACE SC
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was alive at 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Jessie Williams
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife EASTOVER

Given name added from a supplemental report
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..... 19
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed May 28 1906 (28) Will Smith 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.