

(1) PLACE OF BIRTH

County of MadisonTownship of Madisonor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Registrar Only

12846

Registration District No. 309 Registered No. 27
(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 Johnny McMonahan If child is not yet named, make supplemental report as directed(3) Sex Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH 5/31/1913
(Month of Birth) (Day) (Year)

FATHER.

(8) FULL NAME Ernest McMonahan(9) PRESENT POSTOFFICE OF FATHER Waverly Park(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24
(Year)(12) BIRTHPLACE Abbeville Co.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1 Six

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Mary Burton(15) PRESENT POSTOFFICE OF MOTHER Waverly Park(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
(Year)(18) BIRTHPLACE Abbeville Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1:30 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. G. McPherson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Madison

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 20 1913

(28)

R. R. Robinson

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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11/10/13 (Chuk) #4