

(1) PLACE OF BIRTH

County of Monroe
Township of Hills Creekor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
19190Registration District No. 2807Registered No. 113
(For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same instead of street and number.) St. Ward) 1)

2) Full Name of Child Idell Mae { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? yes (5) Number in order of birth one (6) Age Parents Married? yes (7) DATE OF BIRTH June 7 1917
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

5) FULL NAME Benjamin Moore(14) NAME BEFORE MARRIAGE Sadie Knight6) PRESENT POSTOFFICE OF FATHER Monroe, La.(15) PRESENT POSTOFFICE OF MOTHER Monroe, La.(8) COLOR OR RACE white (9) AGE AT LAST BIRTHDAY 34 (Years)(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)(10) BIRTHPLACE Cherokee County, La.(18) BIRTHPLACE Cherokee County, La.(11) OCCUPATION Farmer(19) OCCUPATION Domestic(12) Number of children born to mother, including present birth one(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 3 at 3:30 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. H. Harrison(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician, Monroe, La.

Given name added from a supplemental report

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

(27) Filed 7-12-17 (28) J. H. Harrison 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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