

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

(1) PLACE OF BIRTH
 County of Charleston
 Township of Causeway
 or
 Inc. Town of
 or
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1203 Registered No. 55
 (For use of Local Registrar)

File No.—For State Registrar Only
51708

(2) Full Name of Child Monica Foxon
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1
 (6) Are Parents Married? Yes (7) DATE BIRTH Nov. 27
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME James Gordon
 (9) PRESENT POSTOFFICE OF FATHER Wentfield St.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Port at Brick Mill
 (20) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Ide Bell
 (15) PRESENT POSTOFFICE OF MOTHER Wentfield St.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21
 (18) BIRTHPLACE Wentfield St.
 (19) OCCUPATION Housewife
 (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 on the date above stated.
 (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Mary McNeil
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Wentfield St. Charleston S.C.

Given name added from a supplemental report

Sept 10 1916
W. E. Mullen
 Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by parent)

(27) Filed Nov 27 1916 (28) W. E. Mullen
 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.

MARGIN REMOVED FOR BINDING.
 WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.
 McCay, of Columbia