(1) PLACE OF BIRTH

County of Williamsburg

Township of Rennt

or

Inc. Town of

or

City of (No. St.; Ward)

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 30540

Registration District No. 4308 Registered No. 66 (For use of Local Registrar)

(2) Full Name of Child Jo Monzon jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept. 6th 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jo Monzon

(9) PRESENT POSTOFFICE OF FATHER Salters S.C. Rt. 1

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Williamsburg co. S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Nice Swinton

(15) PRESENT POSTOFFICE OF MOTHER Salters S.C. Rt. 1

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Williamsburg co. S.C.

(19) OCCUPATION Farm Laborer

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3-0 (Hour A. M. or P. M.) M., on the date above stated.

(23) (Signature) Father

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

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 Sept. 8th 1923. (28) A. W. Moseley Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.