

Form No. 1

(1) PLACE OF BIRTH

(County of Abbeville
Township of Cedar Spring
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

No. — For State Registrar Only
26781

Registration District No. 103 Registered No. 16....
(For use of Local Registrar)

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

(3) SEX girl (4) Twin or Triplet No (5) Number in order of birth 7 (6) Age yo (7) DATE OF BIRTH Sept 1 1923
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Merdice Monroe
(9) PRESENT POSTOFFICE OF FATHER Pittsburg Pa
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 47
(12) BIRTHPLACE NC
(13) OCCUPATION Public work
(14) Number of children born to mother, including present birth 7

MOTHER.
(14) NAME BEFORE MARRIAGE Sallie Rouse
(15) PRESENT POSTOFFICE OF MOTHER Abbeville, SC
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 40
(18) BIRTHPLACE Abbeville, SC
(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... alive... at 4 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jamie Jordan
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Abbeville, SC

Given name added from a supplemental report

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

(27) Filed Sept 1 1923 (28) William Ramsey 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

No date of birth given