

Form No. 1

## (1) PLACE OF BIRTH

County of MarlboroTownship of Sebronor  
Inc. Town of .....

City of .....

(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

46876

Registration District No. 3304 Registered No. 4

(For use of Local Registrar)

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

(3) BOY <u>or</u> <u>Girl Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>2</u> <small>To be answered only in event of Twins or Triplets.</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 6</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Lid Polston(9) PRESENT POSTOFFICE OF FATHER Clio, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22  
(Years)(12) BIRTHPLACE Marlboro(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Alder(15) PRESENT POSTOFFICE OF MOTHER Clio, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21  
(Years)(18) BIRTHPLACE marlboro(19) OCCUPATION Housewife(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 Alive at 12 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife Ross Anderson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Clio, S.C.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 13 1916 (28) W. S. Woolley  
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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.