

## (1) PLACE OF BIRTH

County of Monroe

Township of .....

Inc. Town of .....

City of Monroe

(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. 10. - For State Registrar Only

22800

Registration District No. 42 A Registered No. 105  
(For use of Local Registrar)

## (2) Full Name of Child

(3) Boy (4) Male (5) Single (6) Yes (7) 7/6/28  
To be answered only in event of Twins or Triplets BIRTH (Name of Month) (Day) (Year)FATHER (14) James M. McCaskey (15) MonroeMOTHER (16) James M. McCaskey (17) 23(18) Monroe (19) Monroe (20) Monroe(21) Monroe (22) Monroe (23) Monroe(24) Monroe (25) Monroe (26) Monroe(27) Monroe (28) Monroe (29) Monroe(30) Monroe (31) Monroe (32) Monroe(33) Monroe (34) Monroe (35) Monroe(36) Monroe (37) Monroe (38) Monroe(39) Monroe (40) Monroe (41) Monroe(42) Monroe (43) Monroe (44) Monroe(45) Monroe (46) Monroe (47) Monroe(48) Monroe (49) Monroe (50) Monroe(51) Monroe (52) Monroe (53) Monroe(54) Monroe (55) Monroe (56) Monroe(57) Monroe (58) Monroe (59) Monroe(60) Monroe (61) Monroe (62) Monroe(63) Monroe (64) Monroe (65) Monroe(66) Monroe (67) Monroe (68) Monroe(69) Monroe (70) Monroe (71) Monroe