

16 093629

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of HealthFILE No.—For State Registrar Only
00305

1. PLACE OF BIRTH
County of Georgetown
Township of
or
Inc. Town of
City of Audunose (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD Joseph Mel Monroe (If child is not yet named, make supplemental report as directed.)

3. Boy or Girl Boy If Plural births { 4. Twins, triplets or other 6. Premature 7. Are Parents 8. Date of birth Dec 9, 1941
5. Number, in order of birth Full term yes Married? yes (Month, day, year)

9. Full name FATHER Henry Christopher Monroe 18. Name before marriage MOTHER Henrietta Brunson

10. Residence (mailing address) Georgetown 19. Residence (mailing address) Sumter
(If non-resident, give place and State)

11. Color or race White 12. Age at child's birth 22 (years) 20. Color or race White 21. Age at child's birth 20 (years)

13. Birthplace (city or place) Charleston 22. Birthplace (city or place) Georgetown
(State or country) (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year last) engaged in this work 17. Total time (years) spent in this work 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation 0 months weeks 29. Cause of stillbirth (Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was Born alive at 4:30 P m. on the date above stated.
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) me H.C. Monroe Parent

Given name added from
a supplementary report
(Date of)

or Guardian

Address # 5 Myrtle St Sumter

Filed Jan. 30, 1941 M. B. Woodward M.D.

Registrar.

Registrar.

1/21/41
MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

OCCUPATION

OCCUPATION