

Form No. 1

## (1) PLACE OF BIRTH

County of York  
 Township of 15  
 or  
 Inc. Town of Monticello  
 or  
 City of Monticello

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**18535**

Registration District No. 15 Registered No. 27  
 (For use of Local Registrar)

(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 Robert Lee (If child is not yet named, make supplemental report as directed)

3 BOY OR GIRL Boy 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married? Yes 7 DATE OF BIRTH June 28, 1922  
 (Name of Month) (Day) (Year)  
 To be answered only in event of Twins or Triplets

## FATHER.

8 FULL NAME Will Dean  
 9 PRESENT POSTOFFICE OF FATHER Monticello  
 10 COLOR OR RACE W 11 AGE AT LAST BIRTHDAY 25  
 (Years)  
 12 BIRTHPLACE Sc  
 13 OCCUPATION P. - 9 -  
 20 Number of children born to mother, including present birth 1

## MOTHER.

14 NAME BEFORE MARRIAGE Maggie Crumpton  
 15 PRESENT POSTOFFICE OF MOTHER Monticello  
 16 COLOR OR RACE R 17 AGE AT LAST BIRTHDAY 22  
 (Years)  
 18 BIRTHPLACE Sc  
 19 OCCUPATION Wife  
 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 ..... at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Robt (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Shelton St

Given name added from a supplemental report

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

(27) Filed 4 July 1922 (28) C. J. A. Robt 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.

RECORD. EACH CHILD MUST BE REGISTERED SEPARATELY. USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-NAME, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 3.

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