

Form No. 1

## (1) PLACE OF BIRTH

County of FairfieldTownship of 11or  
Inc. Town of .....or  
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

Registration District No. 1910

File No. — For State Registrar Only

40147

Registered No. ....  
(For use of Local Registrar)(2) Full Name of Child Edwin Estell Montgomery

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Male</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 7 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Harry Montgomery</u>			(14) NAME BEFORE MARRIAGE <u>James James</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Indianapolis</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Indianapolis</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)	
(12) BIRTHPLACE <u>Fairfield Co</u>			(16) BIRTHPLACE <u>Fairfield Co</u>	
(13) OCCUPATION <u>Police Ward</u>			(16) OCCUPATION <u>Street Janitor</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 1923,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. H. H. H. H.(24) State whether Physician or Midwife (25) Address of Physician or Midwife 1111 11th St. N.W.

(Given name added from a supplemental report)

(26) Witness W. H. H. H. H. H.

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 19 (28) 19 (29) 19

Registrar

Local Registrar

\*When there was no attending physician or midwife, then the father, householders, 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.