

Form No. 1

(1) PLACE OF BIRTH

County of FairfieldTownship of 2

OF

Inc. Town of

OF

(City of

(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 Madina Montgomery (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL <u>girl</u>	4) Twin or Triplet?	5) Number in order of birth	6) Are Parents Married <u>yes</u>	7) DATE OF BIRTH <u>sep 17</u> 19 <u>28</u> (Name Month) (Day) (Year)
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FATHER.

8) FULL NAME Russ Montgomery9) PRESENT POSTOFFICE OF FATHER Nelson SC10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 47 (Year)12) BIRTHPLACE Fairfield Co S.C.13) OCCUPATION railroad20) Number of children born to mother, including present birth 10

MOTHER.

14) NAME BEFORE MARRIAGE Maggie Parker15) PRESENT POSTOFFICE OF MOTHER Nelson16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 46 (Year)18) BIRTHPLACE Fairfield Co.19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Susanah Gims(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ridgeway SC

Given name added from a supplemental report

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

(27) Filed Oct 10 19 28 (28) A.M. Hayner

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.