

Form No. 1

(1) PLACE OF BIRTH

County of St. Charles  
 Township of St. Charles  
 Inc. Town of .....  
 City of .....

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

File No.—For State Registrar Only

25207

Registration District No. 2007 Registered No. 27  
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>April 23</u> (Month) (Day) (Year)
(8) FULL NAME <u>Henry Montgomery</u>		(9) MOTHER. NAME BEFORE MARRIAGE <u>Ida Davis</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>St Charles</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>St Charles</u>		
(12) COLOR OR RACE <u>Col</u>	(13) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(14) COLOR OR RACE <u>Col</u>	(15) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(16) BIRTHPLACE <u>SC</u>		(17) BIRTHPLACE <u>SC</u>		
(18) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Labourer</u>		
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was white at 3 P.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Henry Davis  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife  
St Charles

(Given name added from a supplemental report)

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

(27) Filed Sept 19 19... (28) 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.

R. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.  
 Bureau of Columbia, Columbia, S. C.