

MARGIN RESERVED FOR BINDING.

WHILE PLAINLY WRITING-THIS IS A PERMANENT RECORD.  
 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 5.

RECORD OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Williamsburg  
 or  
 Township of Peem  
 or  
 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

File No. — For State Registrar Only  
83884

Registration District No. 4308 Registered No. 106  
 (For use of Local Registrar)

(2) Full Name of Child Hezekiah Montgomery

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 Oct. 12 1916  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hazard Montgomery  
 (9) PRESENT POSTOFFICE OF FATHER Bryan S. C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 21 (Year)  
 (12) BIRTHPLACE Williamsburg Co. S. C.  
 (13) OCCUPATION Farm Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Rosanna Heddie  
 (15) PRESENT POSTOFFICE OF MOTHER Bryan S. C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20 (Year)  
 (18) BIRTHPLACE Williamsburg Co. S. C.  
 (19) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane Scott (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Bryan, S. C.

Given name added from a supplemental report

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

(27) Signed Albert B. Moseley Local Registrar

When there was no attending Physician or midwife, the mother or nurse, if any, should make this return. If a child breathes even once, it must not be reported as stillborn. No report is required of stillbirths before the fifth month of pregnancy.