

(1) PLACE OF BIRTH

County of Kershaw
Township of Walter
OF
Inc. Town of
OF
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

36494

Registration District No. 2701 Registered No. 200
(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 Baby Corbett If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet ✓ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 9 17 73
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harmon Montgomery
(9) PRESENT POSTOFFICE OF FATHER Camden R. 2d #1
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 73
(12) BIRTHPLACE Kershaw Co
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Corbett
(15) PRESENT POSTOFFICE OF MOTHER Camden R. 2d #1
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 15
(18) BIRTHPLACE Kershaw Co
(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 1
(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 Born Alive at 8 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) St. Thomas (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife St. Thomas

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother) W. H. Wilson
(27) Filed 11/17/73 (28) Local Registrar W. H. Wilson

*When there is 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.