

(1) PLACE OF BIRTH

County of Madison
 Township of High
 Inc. Town of

CERTIFICATE OF BIRTH

State of North Carolina
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 4201

Registered No. 18
 (For use of Local Registrar)

City of

(No.) (St.)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

(2) Full Name of Child Robert Marion Montgomery (If child is not yet named, give name of father)

(3) SEX Male (4) Age 26 to 30 (5) Date of Birth July 26, 1927

FATHER: (6) NAME Joe Rogers (7) RESIDENCE Greenville S.C. (8) COLOR White (9) OCCUPATION Farmer (10) Number of children born to mother, including present birth 2

MOTHER: (11) NAME Jessie Montgomery (12) RESIDENCE Greenville S.C. (13) COLOR White (14) OCCUPATION Farmer (15) 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 Alone at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Robert L. Smith (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report (26) Witness (Signature of Witness necessary only when question 22 is signed by mark) (27) Filed July 26, 1927 (28) J. A. Montgomery

When there was no attending physician or midwife, then the father, householder, or other person present at the birth must sign this certificate before the birth is registered.