

(1) PLACE OF BIRTH

County of Montgomery
Municipality of Montgomery
City # 3
City # 3

CERTIFICATE OF BIRTH

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

No. for State Registrar
12135

Registration District No. 4008 Registered No. 57
(For use of Local Registrar)

City of Montgomery (No. 3 St. 3 Ward 3)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Herb (If child is not yet named, make supplemental report as directed)

(3) SEX OR SEXES Boy (4) Twins or Triplets 2 (5) Number in order of birth 2 (6) Are Parents Married Yes (7) DATE OF BIRTH Apr 23
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME James H. Herbert
(9) PRESENT POSTOFFICE OF FATHER Montgomery # 3
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 49 (Year)
(12) BIRTHPLACE J.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 2

MOTHER
(14) NAME BEFORE MARRIAGE Lris Robinson
(15) PRESENT POSTOFFICE OF MOTHER Montgomery # 3
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 32 (Year)
(18) BIRTHPLACE J.C.
(19) OCCUPATION House-wife
(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 at 10 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) W. J. Coan, M.D.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Montgomery, Ala.

Give name added from a supplemental report
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19.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by me)
(27) Filed Apr. 14 1923 (28) Mar. E. F. Parker 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.