

(1) PLACE OF BIRTH

County of Lancaster,

Township of
or Lancaster, S.C.

Inc. Town of

City of (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 Huey A. Montgomery, Jr. (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

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH: 1/30/22 (Month) (Day) (Year)

To be answered only in event of Twin or Triplets

FATHER.

(8) FULL NAME Huey A. Montgomery,(9) PRESENT POSTOFFICE OF FATHER Lancaster, S.C.(10) COLOR OR RACE White. (11) AGE AT LAST BIRTHDAY 31 (Year)(12) BIRTHPLACE Lancaster, S.C.(13) OCCUPATION Constable and Deputy Sheriff.(20) Number of children born to mother, including present birth TWO.

MOTHER.

(14) NAME BEFORE MARRIAGE Louise Bell,(15) PRESENT POSTOFFICE OF MOTHER Lancaster, S.C.(16) COLOR OR RACE White. (17) AGE AT LAST BIRTHDAY 26 (Year)(18) BIRTHPLACE Lancaster, S.C.(19) OCCUPATION House-wife.(21) Number of children of this mother now living, including present birth TWO.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Lancaster, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(28)

Local Registrar

When there was no attending physician or midwife, then the father, household, 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.

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