

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—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.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of YorkTownship of Broad Riveror
Inc. Town of
or

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 Roy Garrison Montgomery { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>L</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 4, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Roy Gibson Montgomery

(9) PRESENT POSTOFFICE OF FATHER Sharon. S.C.

(10) COLOR OR RACE white. (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE York Co.

(13) OCCUPATION Farmer.

(20) Number of children born to mother, including present birth { 3

MOTHER.

(14) NAME BEFORE MARRIAGE Libby Lucinda Green.

(15) PRESENT POSTOFFICE OF MOTHER Sharon. S.C.

(16) COLOR OR RACE white. (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE York Co.

(19) OCCUPATION House. work.

(21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12.30 a.m., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Charles G. Garrison(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sharon S.C.

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 18, 1916 (28) C. H. Kirby 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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

75213