

## (1) PLACE OF BIRTH

County of Williamburg  
 Township of Hope  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only  
**30473**

Registration District No. 4301 Registered No. 110  
 (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 Mary Montgomery If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth No (6) Are Parents Married? No (7) DATE OF BIRTH Sept - 20 - 1923  
 (Name) (Month) (Day) (Year)

## FATHER.

(8) FULL NAME Eddie Woods  
 (9) PRESENT POSTOFFICE OF FATHER Greenville S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30  
 (Year) (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Viola Montgomery  
 (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28  
 (Year) (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Laborer  
 (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 alive at 10 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca 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 23 is signed by mark)

(27) Filed Sept 21 1923

(28)

J. Q. B. ... 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.