

## (1) PLACE OF BIRTH

County of Columbia  
 Township of Lowell  
 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

2230

Registration District No. 3618 Registered No. 1

(For use of Local Registrar)

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2 Full Name of Child Julie Montgomery If child is not yet named, make supplemental report as directed

3 SEX OR GIRL

4) Twin or Triplet?

5) Number in order of birth

6) Are Parents Married? Y

7) DATE OF BIRTH

Jan. 11, 1922  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

8 FULL NAME

9 PRESENT POST OFFICE OF FATHER

10 COLOR OR RACE

11 BIRTHPLACE

11) AGE AT LAST BIRTHDAY

12 OCCUPATION

14) NAME BEFORE MARRIAGE

15) PRESENT POST OFFICE OF MOTHER

16) COLOR OR RACE

17) BIRTHPLACE

17) AGE AT LAST BIRTHDAY

18) OCCUPATION

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

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Lee Montgomery

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 11, 1922

(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.