

Form No. 1

(1) PLACE OF BIRTH

County of Beaufort

Township of

OF
Inc. Town of

OF
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 17

File No. — For State Registrar Only

3903

Registered No. 3

(For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same (instead of street and number.)

(2) Full Name of Child Lisa Monttrie

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 1

6) Are Parents Married Yes

7) DATE OF BIRTH Feb 28 1923

FATHER.

8) FULL NAME W. M. Monttrie

9) PRESENT POSTOFFICE OF FATHER Georgetown S.C.

10) COLOR OR RACE Cult

11) AGE AT LAST BIRTHDAY 44

12) BIRTHPLACE S.C.

13) OCCUPATION Carpenter

20) Number of children born mother, including present birth 6

MOTHER.

14) NAME BEFORE MARRIAGE Phyllis McCall

15) PRESENT POSTOFFICE OF MOTHER Georgetown S.C.

16) COLOR OR RACE Cult

17) AGE AT LAST BIRTHDAY 32

18) BIRTHPLACE S.C.

19) OCCUPATION Housewife

21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was female at 1 P.M. on the date above stated. (Born alive or stillborn) (Sex M. or F. M.)

(23) (Signature) Marjorie B. Harris

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness Marjorie B. Harris

(Signature of witness necessary only when question 22 is signed by mark)

(27) Filed Mar 28 1923

(28) Mrs R. J. King

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 sixth month of pregnancy.