

see 0059 - 43446

(1) PLACE OF BIRTH

County of Flamington
 Township of Hayward
 or
 Inc. Town of.....
 or
 City of.....

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

No. for State Registrar Only
40306

Registration District No. 2010 Registered No. 69
 (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 Charles Montgomery If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Male</u>	(4) Type of Trade To be answered only in event of Trade or Trades	(5) Number in order of birth	(6) Age at Birth Marked <u>yes</u>	(7) DATE OF BIRTH <u>1936</u> (Month of Birth) (Day) (Year)
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FATHER.
 (8) FULL NAME John Leonard Montgomery
 (9) PRESENT RESIDENCE OF FATHER Hayward S C
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Year)
 (12) BIRTHPLACE S C
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Eliza Lee
 (15) PRESENT RESIDENCE OF MOTHER Hayward S C
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Year)
 (18) BIRTHPLACE S C
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
 (22) I hereby certify that I attended the birth of this child, who was John Leonard Montgomery (Born alive or stillborn) (Born A. M. or P. M.)
 on the date above stated.

(23) (Signature) John Leonard Montgomery
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife Hayward S C
 Given name added from a supplemental report
 (26) Witness John Leonard Montgomery
 (Signature of Witness necessary only when question is signed by mark)
 (27) Filed 1/4 to 24 (28) E. S. Montgomery
 Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should sign the report. If a child breathes even once, it must not be reported as stillborn. No report is needed of stillbirth before the fifth month of pregnancy.