(1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of .....

or

City of Spartanburg ...

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
2456

Registration District No. 40-A Registered No. 46
(For use of Local Registrar)

(No. 215 Kennedy St.; 1 Ward)

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

(2) Full Name of Child Ann Marguarite Montgomery If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets		Yes	January 29, 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Theron Earle Montgomery	(14) NAME BEFORE MARRIAGE Annie Bostick
(9) PRESENT POSTOFFICE OF FATHER Spartanburg SC	(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE S.C.	(18) BIRTHPLACE S.C.
(13) OCCUPATION Lumber dealer	(19) OCCUPATION Home
(20) Number of children born to mother, including present birth 1	(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 ..... at 2 A.M., on the date above stated. (Born alive or ~~stillborn~~) (Hour A.M. or ~~P.M.~~)

(23) (Signature) W W Boyd

(24) State whether Physician or ~~Midwife~~

(25) Address of Physician or Midwife Spartanburg, S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed 2-1- 1922 (28) Jas. Copes
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.

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MARGIN RESERVED FOR BINDING.
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, COLUMBIA, S. C.