

Form No. 1

## (1) PLACE OF BIRTH

County of Sumter

Township of .....

or

Inc. Town of Oswego S.C.

or

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

36594

Registration District No. 4108Registered No. 287

(For use of Local Registrar)

(2) Full Name of Child Annie Lee Montgomery

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>none</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>sep 1</u> 19 <u>22</u>
				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Hanary Montgomery(9) PRESENT POSTOFFICE OF FATHER Oswego S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 29 (Year)(12) BIRTHPLACE Sumter County(13) OCCUPATION Farming(20) Number of children born to mother, including present birth two 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Liser Brown(15) PRESENT POSTOFFICE OF MOTHER Oswego S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 24 (Year)(18) BIRTHPLACE Sumter County(19) OCCUPATION Farming

(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 Emmanuel at 9 M. on the date above stated. (Born alive or stillborn. (Hour A. M. or P. M.)(23) (Signature) Emmanuel(24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife Oswego S.C.

Given name added from a supplemental report

Willie on e LeeNov 1 1922

Registrar

(26) Witness Hanary Montgomery (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov 1 1922 (28) W. B. Beckwith 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.

MARGIN RESERVED FOR INDEXING

PRINTED PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.