

(1) PLACE OF BIRTH

County of Darlington
Township of Lennaworth
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
41997

Registration District No. 1.5.0.5 Registered No. 7
(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 Jarvis Montgomery If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? X (4) Twin or Triplet? no (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH March 24, 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ben Montgomery
(9) PRESENT POSTOFFICE OF FATHER Doraville
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Darlington Co.
(13) OCCUPATION Farm Land
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Thomas
(15) PRESENT POSTOFFICE OF MOTHER Doraville
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Darlington Co.
(19) OCCUPATION Farm Land
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Molly Bassett
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Darlington P. D.

Given name added from a supplemental report

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

(27) Filed Jan 1, 19 23 (28) E. D. Early 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.