

## (1) PLACE OF BIRTH

County of Clarendon  
 Township of Clarendon Mill  
 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

3781

Registration District No. 1314Registered No. 11  
(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 Lucie Elizabeth Montgomery (No. .... St. .... Ward) 11

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 23 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Tom Montgomery(9) PRESENT POSTOFFICE OF FATHER Alcala Ar. S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37  
(Years)(12) BIRTHPLACE Clarendon Co., S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Kingwood(15) PRESENT POSTOFFICE OF MOTHER Alcala R. S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22  
(Years)(18) BIRTHPLACE Clarendon Co., S.C.(19) OCCUPATION Farm hand(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 alive at 10:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Tom Montgomery

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

(27) Filed Mar. 4 1922 (28) R. E. Thompson  
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.