

## (1) PLACE OF BIRTH

County of **CHEROKEE**Township of **CHEROKEE**or  
Inc. Town ofor  
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

59086

1990-A

Registration District No. .... Registered No. **53**

(For use of Local Registrar)

## (2) Full Name of Child

**Montgomery** { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? **Girl** (4) Twin or Triplet? **No** (5) Number in order of birth **10** (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **April 12, 1916**  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME **James J. Montgomery**(9) PRESENT POSTOFFICE OF FATHER **Blacksburg SC**(10) COLOR OR RACE **W** (11) AGE AT LAST BIRTHDAY **46**  
(Years)(12) BIRTHPLACE **York Co SC**(13) OCCUPATION **Farmer**(14) Number of children born to mother, including present birth { **10**

## MOTHER.

(15) NAME BEFORE MARRIAGE **Dora Cooper**(16) PRESENT POSTOFFICE OF MOTHER **Blacksburg SC**(17) COLOR OR RACE **W** (18) AGE AT LAST BIRTHDAY **45**  
(Years)(19) BIRTHPLACE **Cleveland Co. NC**(20) OCCUPATION **Housewife**(21) Number of children of this mother now living, including present birth { **7**

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) **J. H. Caldwell, M.D.**

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

**Blacksburg SC**

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed **Apr 13 1916** (28) **Leola Roberts**  
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.