

MARGIN RESERVED FOR BINDING.
 WRITE FULLY, WITH EXPANDING INK—THIS IS A PERMANENT RECORD.
 WHEN 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.

(1) PLACE OF BIRTH
 County of Sumter
 Township of _____
 or
 Inc. Town of Marysville
 or
 City of _____ (No. _____ St.; _____ Ward)
 (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
13000

Registration District No. 4102 Registered No. 10
 (For use of Local Registrar)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 14 19 22
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME		(14) NAME BEFORE MARRIAGE <u>Sessie Montgomery</u>	
(9) PRESENT POSTOFFICE OF FATHER		(15) PRESENT POSTOFFICE OF MOTHER <u>Marysville SC</u>	
(10) COLOR OR RACE		(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(11) AGE AT LAST BIRTHDAY _____ (Years)		(18) BIRTHPLACE <u>SC</u>	
(12) BIRTHPLACE		(19) OCCUPATION <u>Housewife</u>	
(13) OCCUPATION		(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 339 (M.) on the date above stated. (Born alive or stillborn) (How? M. or P. M.)

(23) (Signature) Betty Alexander
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Marysville SC

Given name added from a supplemental report _____

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Feb. 14 22
 (27) Filed 19 (28) Local Registrar Chas. H. ...

*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.