

2020-1

(1) PLACE OF BIRTH

County of Beaufort

Township of St. James

City of Burton

City of Burton

(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

No. for State Registrar Only

2938

Registration District No. 400 Registered No. 66
(For use of Local Registrar)

(2) Full Name of Child Therese Montreux

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

(a) SEX OF CHILD Female (b) Twin or Triplet No (c) Number in order of birth 1 (d) Are parents married No (e) DATE OF BIRTH Jan 14 1923
(Time of Month) (Day) (Year)

FATHER

(1) FULL NAME Fred Jackson

(2) PRESENT RESIDENCE OF FATHER Burton S.C.

(3) COLOR OR RACE negro (4) AGE AT LAST BIRTHDAY 31
(Year)

(5) BIRTHPLACE Burton S.C.

(6) OCCUPATION Butcher

(7) Number of children born to mother, including present birth 1

MOTHER

(1) NAME BEFORE MARRIAGE Dianna Montreux

(2) PRESENT RESIDENCE OF MOTHER Burton S.C.

(3) COLOR OR RACE negro (4) AGE AT LAST BIRTHDAY 30
(Year)

(5) BIRTHPLACE Burton S.C.

(6) OCCUPATION House Laborer

(7) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) 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.)

(29) (Signature) Rachel McNight

(30) Since whether Physician or Midwife (31) Address of Physician or Midwife Burton S.C.

Given name added from a supplemental report

(32) Witness (Signature of Witness necessary only when question 31 is signed by mark)

(33) Filed Jan 14 1923 (34) W. H. H. H.

When there was no attending physician or midwife, then the father, householder, etc., must sign. If a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.