

Form No. 1

## (1) PLACE OF BIRTH

County of York  
 Township of Sass River  
 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  
 87895

Registration District No. 4407 Registered No. 11  
 (For use of Local Registrar)  
 (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet?  (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE BIRTH Nov. 24, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Emmett Ratchford Montgomery  
 (9) PRESENT POSTOFFICE OF FATHER Filbert W. S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)  
 (12) BIRTHPLACE York Co.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth } 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Anne Bolin  
 (15) PRESENT POSTOFFICE OF MOTHER Filbert W. S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)  
 (18) BIRTHPLACE York Co.  
 (19) OCCUPATION Home work  
 (21) Number of children of this mother now living, including present birth } 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:40 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charles C. Burgess, M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumner S.C.

Given name added from a supplemental report  
 \_\_\_\_\_, 191...  
 \_\_\_\_\_  
 Registrar

(26) Witness \_\_\_\_\_  
 (Signature of Witness necessary only when question 23 is signed by marks)  
 (27) Filed Dec 1, 1916 (28) M. J. ... 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.

MARGIN RESERVED FOR MINING.  
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 R. 1.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark on  
 City of Columbia