

Form No. 1

## (1) PLACE OF BIRTH

County of YorkTownship of Swains Riveror  
Inc. Town of

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

87895

Registration District No. 4407 Registered No. 71

(For use of Local Registrar)

St. Ward(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

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE Nov. 24 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Emmett Ratchford Montgomery(9) PRESENT POSTOFFICE OF FATHER Filbert No. 1 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 No. 1 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 340 a M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Charles C. Burruss, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sharon S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Dec 1 1916 (28) 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 INDEXING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

2. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and MARK ON FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5.

City of Columbia