

(1) PLACE OF BIRTH

County of Williamburg
 Township of Suiter

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

54093

Inc. Town of Registration District No. 4310 Registered No. 7
 (For use of Local Registrar)
 City of (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. Daniel Montgomery } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are you Parents Married?	(7) DATE OF BIRTH <small>(Name of Month) (Day) (Year)</small>
				<u>Feb 11 1916</u>

FATHER.

(8) FULL NAME John Cheeks Montgomery
 (9) PRESENT POSTOFFICE OF FATHER Lake City S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE Lake City S.C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Burgess
 (15) PRESENT POSTOFFICE OF MOTHER Lake City S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Lake City S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. Montgomery
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Lake City S.C.

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb 13 1916 (28) H. A. Fitch Local Registrar

MARGIN RESERVED FOR BONDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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.
 MICHIGAN OF COLOMBUS

*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.