

(1) PLACE OF BIRTH

County of *Williamsburg*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

54093

Township of *Switzer*

or

Inc. Town of

or

City of

Registration District No. *4310*Registered No. *7*

(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 *Daniel Montgomery*

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

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

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*(20) 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 (25) Address of Physician or Midwife

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 *mech 13 1916* (28) *H. A. Fitch* 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 BINDING.
 WRITE PLAINLY, WITH 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.