

File No.—For State Registrar Only

County of Orangeburg
Township of Edisto
or
Inc. Town of.....
or
City of

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

Registration District No 2.603

31604

Registered No. 36
(For use of Local Registry)

(2) Full Name of Child No Name

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

1) BOY OR GIRL	2) Twin or Triplet	3) Number in order of birth
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Are Parents Married?

7) DATE OF BIRTH Sept. 6, 22
(Name of Month) (Day) (Year)

FATUENI

7 FULL NAME George Montanero

PRESENT POSTOFFICE OF FATHER 1 Lake St. C.

(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *27* (Years)

12) BIRTHPLACE Orlando, Fla.

15. OCCUPATION *farming*

22. Number of children born to mother, including present birth 72

MOTHER

(14) NAME BEFORE MARRIAGE: *Mattie Myers*

(15) PRESENT POSTOFFICE OF MOTHER *11 Cedar St.*

(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *26* (Years)

(16) BIRTHPLACE *Robert L. L.*

(19) OCCUPATION

House Work.

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was, Roma Alice at 8 o'clock A.M.
on the date above stated. 7/1 (Born alive or stillborn) (Hour & M. or P. M.)
- 91119 - 1948

(23) (Signature) Angelle M. Smith
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 111 E. 1st St. St. Louis, Mo.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 1011 E. 1st St.

Given name added from a supplemental report

1. 凡在本行开立存款账户的客户，均可向本行申请开立支票。

19

"When there was no attending physician
If a child breathes even once, it is a

[illegible]

1950

(38) Witness
(Signature of Witness necessary only)

8-15 57 - 22 - M. H. Antley

(27) Filed Local Non-Resident
...should make this return.

not be reported as stillborn. No report is needed for the fifth month of pregnancy.

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(continued)