

## (1) PLACE OF BIRTH

County of SpartanburgTownship of SpartanburgCity of  
or  
In 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

66324

Registration District No. 4008 Registered No. 678  
(For use of Local Registrar)  
St.:  
Ward:  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
Supplemental report as directed

(2) Full Name of Child Margaret Louise Montgomery

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 8.21.18  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Lanham Montgomery(9) PRESENT POSTOFFICE OF FATHER Roebuck, S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2(14) NAME BEFORE MARRIAGE Minnie Switzer(15) PRESENT POSTOFFICE OF MOTHER Roebuck, S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE 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 2 P.M. M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) O. V. Leonard  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given Attest added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) John A. J. 1918 (28) C. F. Parker 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.