

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Sumter
Township of Concord
or
Inc. Town of _____
or
City of Sumter

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4100

23 048059

FIL

Only

00915

Registered No. _____
(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 Emma Montgomery

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

3. Boy or Girl Girl 4. Twins, triplets or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term ✓ 7. Are Parents Married? yes 8. Date of birth October 2, 19 23
(Month, day, year)

9. Full name Huey Montgomery FATHER
10. Residence (mailing address) Sumter
(If non-resident, give place and State)

18. Name before marriage Louise Washington MOTHER
19. Residence (mailing address) Sumter
(If non-resident, give place and State)

11. Color or race negro 12. Age at child's birth 26 (years)

20. Color or race negro 21. Age at child's birth 21 (years)

13. Birthplace (city or place) Manning, S.C.
(State or country)

22. Birthplace (city or place) Sumter, S.C.
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of birth and including this child) 2 (a) Born alive and now living 9 (b) Born alive but now dead 3 (c) Stillborn _____

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at _____ m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from a supplementary report _____
(Date of) _____

(Signed) Louise Montgomery Parent
or Heber, O.P. Guardian
Address _____

Filed Oct 5, 19 44 L. A. Riser, M.D.
Registrar.

Registrar.

8/10/44