

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 <u>Girl</u>	If Plural births	4. Twins, triplets or other.....	6. Premature.....	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>October 9</u> , 19 <u>23</u> (Month, day, year)
		5. Number, in order of birth.....	Full term. <input checked="" type="checkbox"/>		

9. Full name
Huey Montgomery
FATHER

10. Residence (mailing address)
(If non-resident, give place and State) Sumter

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

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

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 _____

18. Name before marriage
Louise Washington
MOTHER

19. Residence (mailing address)
(If non-resident, give place and State) Sumter

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

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

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) (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 _____ Guardian

Address Becker, S.C.

Filed Oct 5, 1923 L. A. Riser, M.D.

Registrar.

Registrar.

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.)

8/10/44