

MACAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Laurens
 Township of Clinton
 or
 Inc. Town of
 or
 City of Clinton

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Helen Louise Montgomery

File No.—For State Registrar Only
30946

Registration District No. 2918 Registered No. 79
 (For use of Local Registrar)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 29 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jos. Horace Montgomery

(9) PRESENT POSTOFFICE OF FATHER Clinton S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Textile weaver.

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Estelle Hinder

(15) PRESENT POSTOFFICE OF MOTHER Clinton S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 15 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. L. H. Bailey M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Clinton S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 14 22 (28) J. L. H. Bailey 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.

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