

Form No 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Z. W. Burg
Township of H. H. H.
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
54011

Registration District No. 4301 Registered No. 232
(For use of Local Registrar)

(2) Full Name of Child Riddie Montague } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH March 20
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME John Montague

(14) NAME BEFORE MARRIAGE Clotie Buford

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

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

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 45 (Years)

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Z. W. Burg S.C.

(18) BIRTHPLACE Z. W. Burg

(13) OCCUPATION Farmer

(19) OCCUPATION Housework

(20) Number of children born to mother, including present birth 7

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Black at 7 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Buford (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greepsville 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 March 28 1914 (28) E. O. Taylor 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Crawford, Columbia