

Form No 1.

(1) PLACE OF BIRTH

County of Z. W. Burg  
Township of Thompson  
or  
Inc. Town of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**54011**

Registration District No. 4501 Registered No. 282  
(For use of Local Registrar)  
City of ..... (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 Riddie Montgomery { 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  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Montgomery  
(9) PRESENT POSTOFFICE OF FATHER Greepines P.O.  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 45 (Years)  
(12) BIRTHPLACE Z. W. Burg, S. C.  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth { 7 }

MOTHER.

(14) NAME BEFORE MARRIAGE Clotie Burford  
(15) PRESENT POSTOFFICE OF MOTHER Greepines P.O.  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30 (Years)  
(18) BIRTHPLACE Z. W. Burg  
(19) OCCUPATION Housework  
(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 born alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Taylor (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greepines P.O.

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.