

## (1) PLACE OF BIRTH

County of YorkburgTownship of Permit

Inc. Town of .....

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4308 Registered No. 72

(For use of Local Registrar)

(2) Full Name of Child Willie Montgomery Jr. If child is not yet named, make supplemental report as directed

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

Sept 11, 1923  
(Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME

Willie Montgomery

9. PRESENT POSTOFFICE OF FATHER

Trio, S.C.

10. COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

34

(12) BIRTHPLACE

Williamburg Co S.C.

(13) OCCUPATION

Farmer

20. Number of children born to mother, including present birth

one

## MOTHER.

(14) NAME BEFORE MARRIAGE

Elizabeth Lawrence

(15) PRESENT POSTOFFICE OF MOTHER

Trio, S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

21

(18) BIRTHPLACE

Williamburg Co. S.C.

(19) OCCUPATION

Housewife

(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, Willie at 4:30 P.M. on the date above stated. (Born live or stillborn, (Hour, Day or P. M.))(23) (Signature) Shenington and Long et al

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 20th 1923

(28)

A. H. Moxley

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.

before the fifth month of pregnancy.