

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 2.

(1) PLACE OF BIRTH
 County of Caldwell
 Township of Verden
 or
 Inc. Town of Halliburton
 or
 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

File No.—For State Registrar Only
85138

Registration District No. 1409 Registered No. 164
 (For use of Local Registrar)

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 1, 1914</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>James Montgomery</u>		(14) NAME BEFORE MARRIAGE <u>Gene Hay</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>James Island</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Rittus A.C.</u>		
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)	
(12) BIRTHPLACE <u>1</u>		(18) BIRTHPLACE <u>Romney A.C.</u>		
(13) OCCUPATION <u>Labarer</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth		(21) Number of children of this mother now living, including present birth		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10. a. m. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Emmer Taylor

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rittus A.C.

Given name added from a supplemental report	(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
191	(27) Filled <u>Dec. 10, 1914</u> (28) <u>J. P. P. D.</u> 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 third month of pregnancy.

Local Registrar