

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 Calhoun
 Township of Ward
 or
 Inc. Town of Halliburton
 or
 City of _____

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)

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 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 yes (7) DATE OF BIRTH Feb. 1, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Montgomery

(9) PRESENT POSTOFFICE OF FATHER James Island

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Idaho

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth { _____ }

MOTHER.

(14) NAME BEFORE MARRIAGE Gene Hay

(15) PRESENT POSTOFFICE OF MOTHER Rittus A.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Romney A.C.

(19) OCCUPATION Domestic

(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 Hay

(24) State whether Physician or 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)

(27) Filed Feb. 10, 1916 (28) J. B. D. Local Registrar

*When there was an 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.

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