

Form No. 1

(1) PLACE OF BIRTH

County of York
 Township of
 or
 Inc. Town of Bethesda
 or
 City of 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

40429

Registration District No. 4401Registered No. 85
(For use of Local Registrar)

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

(2) Full Name of Child Maurice Estelle Montgomery 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 Sept 30 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Hamilton Montgomery
 (9) PRESENT POSTOFFICE OF FATHER Rock Hill S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farm Work
 (14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Fannie Montgomery
 (15) PRESENT POSTOFFICE OF MOTHER Rock Hill
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housework
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Chas. Humphreys(24) State whether Physician or Midwife 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 1914 22 (28) 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.