

Form No. 1

## (1) PLACE OF BIRTH

County of Wm. burgTownship of Laweor  
Inc. Town of .....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

5455

Registration District No. 4306 Registered No. 10  
(For use of Local Registrar)(2) Full Name of Child Janie Montgomery

If child is not yet named, make supplemental report as directed

(2) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>no</u>	(7) DATE OF BIRTH <u>Feb 4th</u> 19 <u>23</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Arthur Montgomery(9) PRESENT POSTOFFICE OF FATHER Salters Depot S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Wm. burg co. S.C.(13) OCCUPATION farm laborer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Cely Giles(15) PRESENT POSTOFFICE OF MOTHER Salters Depot S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Wm. burg co. S.C.(19) OCCUPATION farm laborer(21) 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 Born alive at 8 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Alex. Giles(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Salters Depot S.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 - 11th 1923 (28) AK Mosley Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.

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 2.

Bureau of Statistics, Columbia, S. C.