

(1) PLACE OF BIRTH

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

File No.—For State Registrar Only

70745

County of Williamsburg
Township of Kingstree No. 161
or
Inc. Town of Kingstree
or
City of Kingstree, S.C. (No. 117 Brook St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 43 A, Registered No. 14.....
(For use of Local Registrar)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth 5th (6) Are Parents Married? yes (7) DATE OF BIRTH June 28, 1916.
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Samuel E. Montgomery

(14) NAME BEFORE MARRIAGE Mary Sue Linder

(9) PRESENT POSTOFFICE OF FATHER Kingstree, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Kingstree, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Near Kingstree, S.C.

(18) BIRTHPLACE Near Elloree, S.C.

(13) OCCUPATION Merchant

(19) OCCUPATION Housewife - own home.

(20) Number of children born to mother, including present birth Five (5)

(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 S.P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. G. Gamble, M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife Kingstree, S.C.

Given name added from a supplemental report

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

July 23, 1917
W. G. Gamble
Superintendent Registrar

(27) Filed July 29, 1916 (28) J. G. McSpetchen
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.

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 5.
McRAW OF COLUMBIA, COLUMBIA, S. C.