

Form No. 1

(1) PLACE OF BIRTH

County of Berkeley
 Township of Easton
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3291

Registration District No. 708 Registered No. 22
 (For use of Local Registrar)

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

1. SEX OR Male (2) Twin or Triplet? No (3) Number in order of birth 1 (4) Are Parents Married? Yes (5) DATE OF BIRTH Feb 16th 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

2. FULL NAME Bow Magzick
 3. PRESENT POSTOFFICE OF FATHER Cross St.
 10. COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30 (Years)
 12. BIRTHPLACE Berkeley Co.
 13. OCCUPATION farming
 14. Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Lettens
 (15) PRESENT POSTOFFICE OF MOTHER Cross St.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25 (Years)
 (18) BIRTHPLACE Berkeley Co.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie Collins(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Cross St.

Given name added from a supplemental report

(26) Witness Lillian Cross

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

(19) Registrar

(27) Filed Feb 18th 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.

MAJORS RECEIVED FOR BIRTHING. WHEN PLACED IN THE REGISTER, THE REGISTRAR SHALL BE RESPONSIBLE FOR EACH CHILD AND MARK THE N. B.—In case of stillbirth, No. 1 TIME OTHER No. 2, etc. in question 5.