

## (1) PLACE OF BIRTH

County of *Newberry*  
 Township of *No. 1*  
 Inc. Town of .....  
 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

4605

Registration District No. *3408* Registered No. *7*  
 (For use of Local Registrar)

(2) Full Name of Child *Infant of W. J. Maghee*

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

3) BOY OR GIRL <i>Boy</i>	4) Twin or Triplet	5) Number in order of birth	6) Are Parents Married <i>Yes</i>	7) DATE OF BIRTH <i>Mar 1 1920</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <i>W. J. Maghee</i>			14) NAME BEFORE MARRIAGE <i>Miss Ann</i>	
9) PRESENT POSTOFFICE OF FATHER <i>Newberry S.C.</i>			15) PRESENT POSTOFFICE OF MOTHER <i>Newberry S.C.</i>	
10) COLOR OR RACE <i>W</i>	11) AGE AT LAST BIRTHDAY <i>37</i> (Years)	16) COLOR OR RACE <i>W</i>	17) AGE AT LAST BIRTHDAY <i>37</i> (Years)	
12) BIRTHPLACE <i>Ind.</i>		18) BIRTHPLACE <i>Ind.</i>		
13) OCCUPATION <i>Teacher</i>		19) OCCUPATION <i>Teacher</i>		
20) Number of children born to mother, including present birth <i>1</i>		21) Number of children of this mother now living, including present birth <i>1</i>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *2:30* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or 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 *March 8th* 1920(28) *S. J. Cunningham*  
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.

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MAKING RECORDS FOR BIRTHING. WITH EXPLANATIONS—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK IT FIRST-BORN, No. 1, THEN OTHER, No. 2, etc., in question 5.