

(1) PLACE OF BIRTH

County of CharlestonTownship of Waplewood
or
Inc. Town of

City of

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

(2) Full Name of Child Deanne Peay (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL girl (4) Twin or Triplet X (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH July 27, 1923
(Month of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>Not Known</u>		(14) NAME BEFORE MARRIAGE	<u>Maggie Peay</u>	
(9) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER	<u>Blackstock</u>	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	(Year)	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY	(Year)
(12) BIRTHPLACE			(18) BIRTHPLACE	<u>S.C.</u>	
(13) OCCUPATION			(19) OCCUPATION	<u>School</u>	
(20) Number of children born to mother, including present birth	<u>1</u> <u>2</u>		(21) Number of children of this mother now living, including present birth	<u>1</u> <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at K.P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Peay (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Blackstock, 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 Aug 11, 1923 (28) W. C. Blount 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.

This is the mother of the child who was born on July 27, 1923.