

(1) PLACE OF BIRTH

County of *Sumter*Township of *Magesville*Inc. Town of *Magesville*City of *Magesville*

CERTIFICATE OF BIRTH

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

No. 43077

Registration District No. *4102*Registered No. *89*
(For use of Local Registrar)

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

(2) Full Name of Child *Margaret Peoples*

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

(3) Sex *Female* (4) Twin or Triplet *No* (5) Number in order of birth *1* (6) Are Parents Married *Yes* (7) Date of Birth *Oct 25 1913*
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) Full Name <i>Sidney Peoples</i>	(14) Name before marriage <i>Lillian Emma Peoples</i>	(9) Present Residence of Father <i>Magesville</i>	(15) Present Residence of Mother <i>Magesville</i>
(10) Color or Race <i>White</i>	(16) Color or Race <i>White</i>	(11) Age at last birthday <i>25</i>	(17) Age at last birthday <i>23</i>
(12) Birthplace <i>SC</i>	(18) Birthplace <i>SC</i>	(13) Occupation <i>Farming</i>	(19) Occupation <i>Housewife</i>
(20) Number of children born to mother, including present birth <i>3</i>	(21) Number of children of this mother now living, including present birth <i>3</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *6 P.M.* on the date above stated. (Born alive or stillborn) (Sex A. M. or F. M.)(23) (Signature) *Betty Alexander*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Magesville*

Given name added from a supplemental report

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

(27) Filed *for* *25* (28) Registrar *Stooper*

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 stillbirths before the fifth month of pregnancy.

M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Bureau of Statistics, Columbia, S. C.