

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—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.

DEPT. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston
Township of
or
Inc. Town of
City of Charleston, S.C.
(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
29294

Registration District No. 9A Registered No. 1432
(For use of Local Registrar)

(2) Full Name of Child Maggie Fuller

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? one (5) Number in order of birth one (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 22, 1927
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eddie Fuller
(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.
(10) COLOR OR RACE Colord (11) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE Orangeburg, S.C.
(13) OCCUPATION Railroad
(20) Number of children born to mother, including present birth Seven

MOTHER.

(14) NAME BEFORE MARRIAGE Francis Harris
(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.
(16) COLOR OR RACE Colord (17) AGE AT LAST BIRTHDAY 29 (Years)
(18) BIRTHPLACE Florence, S.C.
(19) OCCUPATION house work
(21) Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maggie Leaverson
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 242 Shephard St

Given name added from a supplemental report

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

19 Registrar

(27) Filed 9/29 1927 J. Meritt 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.