(1) PLACE OF BIRTH

County of Charleston

Township of .....
or
Inc. Town of .....
or
City of Charleston

(If birth occurs in a hospital or other institution, give name of ..... 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
3465

9 A

Registration District No. .....

Registered No. 319
(For use of Local Registrar)

(No. 7 Doughty .....St.; .....Ward)

(2) Full Name of Child Georgia Jatho Magwood (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? X
To be answered only in event of Twins or Triplets

(5) Number in order of birth X

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb 1 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm Henry Magwood

(9) PRESENT POSTOFFICE OF FATHER Charleston, SC

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Charleston Co SC

(13) OCCUPATION Mose Broker

MOTHER.

(14) NAME BEFORE MARRIAGE Pauline Marcella Jatho

(15) PRESENT POSTOFFICE OF MOTHER Charleston SC

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Charleston SC

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1 2

(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the born alive at 5:30 P.M. (Hour A.M. or P.M.) on the date above stated. (Born alive or stillborn)

(23) (Signature) Grover Watson

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife 377 Calhoun

Given name added from a supplemental report .....
..... 19 ....
Registrar

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

(27) Filed 2/10 1922 R. Memmi Green M.D.
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.