

Form No. 1

(1) PLACE OF BIRTH

County of Lee
 Township of Stokes Bridge
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

36728

Registration District No. 2008Registered No. 40
(For use of Local Registrar)

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

(2) Full Name of Child James Magazine

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 7 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Magazine
 (9) PRESENT POSTOFFICE OF FATHER #3 Bishopville SC
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 39
 (Year) (12) BIRTHPLACE Darlington Co SC
 (13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Eliza Magazine
 (15) PRESENT POSTOFFICE OF MOTHER #5 Bishopville SC
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20
 (Year) (18) BIRTHPLACE Darlington Co SC
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 4(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE?

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary B. B. B.(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife #6 Bishopville SC

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed Sept 12 1923

(28)

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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1. See also Column, 3, C.