

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town ofor
City of Charleston

(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

84660

Registration District No. 9ARegistered No. 1290

(For use of Local Registrar)

St. Ward)

(2) Full Name of Child Deey Magwood

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 5 1916</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Elliott Magwood(9) PRESENT POSTOFFICE OF FATHER Charleston SC(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Charleston SC(13) OCCUPATION Painter(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Amack(15) PRESENT POSTOFFICE OF MOTHER Charleston SC(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE Kedgewille SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:30 a.m. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. Cannon

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician 1 Cannon

Given name added from a supplemental report

May 15 1917
Chm. Miller
Supp.

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

(27) Dated 11/27 1916 (28) J. Mercier 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 fourth month of pregnancy.

must not be reported as stillborn. No report is desired of stillbirths before the fourth month of pregnancy.

Registrar Chm. Miller

N. B.—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.

McCaw, of Columbia.