

(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 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. 9A Registered No. 1790  
 (For use of Local Registrar)  
 (No. 3 Shepherd St. St.; ..... Ward)

(2) Full Name of Child Baby Magmas } If child is not yet named, make supplemental report as directed  
Ernest Williams

(3) BOY OR GIRL Girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 5 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Elliott Magward  
 (9) PRESENT POSTOFFICE OF FATHER Charleston SC  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 34 (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 Smack  
 (15) PRESENT POSTOFFICE OF MOTHER Charleston SC  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 33 (Years)  
 (18) BIRTHPLACE Kedgeville 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 a Physician or Midwife (25) Address of Physician or Midwife  
Physician | 1 Cannon

Given name added from a supplemental report  
May 15 1917  
Ch. Williams  
Supy

(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.  
 No report is desired of stillbirths before the fourth month of pregnancy.

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.  
 THIS IS A PERMANENT RECORD  
 McCraw, of Columbia