

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 3.

Form No. 1

(1) PLACE OF BIRTH

County of *Charleston*
 Township of *Christ Church*
 or
 Inc. Town of *Awendaw*
 or
 City of _____

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

File No.—For State Registrar Only
27531

Registration District No. *901* Registered No. *113*
 (For use of Local Registrar)

(No. _____ St. _____ Ward _____)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Maggie Austin* (If child is not yet named, make supplemental report as directed)

(1) BOY OR GIRL *Girl* (2) Twin or Triplet? _____ (3) Number in order of birth _____ (4) Are Parents Married? *No* (5) DATE OF BIRTH *Sept 5 1923*
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(6) FULL NAME <i>Charles Knowl Austin</i>	(14) NAME BEFORE MARRIAGE <i>Katie Miller</i>	(10) PRESENT POSTOFFICE OF FATHER <i>Yonkers Island</i>	(12) PRESENT POSTOFFICE OF MOTHER <i>Awendaw S.C.</i>
(16) COLOR OR RACE <i>Black</i>	(18) COLOR OR RACE <i>Black</i>	(11) AGE AT LAST BIRTHDAY <i>32</i>	(13) AGE AT LAST BIRTHDAY <i>18</i>
(15) BIRTHPLACE <i>Yonkers Island S.C.</i>	(17) BIRTHPLACE <i>Awendaw S.C.</i>	(19) OCCUPATION <i>Fireman at Myster Factory</i>	(21) OCCUPATION <i>Harmon Sabor</i>
(20) Number of children born to mother, including present birth <i>1</i>	(22) Number of children of this mother now living, including present birth <i>1</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was *Alive* at *6 P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) *Hannah L. White* (25) State whether Physician or Midwife *Midwife* (26) Address of Physician or Midwife *Awendaw S.C.*

(Given name added from a supplemental report) (27) Witness *Hannah L. Miller* (Signature of Witness necessary only when question 23 is signed by mark) (28) Filed *Sept 11th 1923* (29) *J. H. Kinsley* 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.