(1) PLACE OF BIRTH

County of Charleston

Township of .....

Inc. Town of .....

City of Charleston (No. 314 Mulberry St.; Ward)

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

CERTIFICATE OF BIRTH

BUREAU OF VITAL STATISTICS
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
515

Registration District No. .....

Registered No. 140
(For use of Local Registrar)

(2) Full Name of Child Mrs. Augusta Dowell

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

(3) SEX OF CHILD: Girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Are twins living?

(7) DATE OF BIRTH: Jan. 12 1883 (Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME: William John Dowell	(14) MAIDEN NAME: Maggie Young McLemore
(9) PRESENT RESIDENCE OF FATHER: Charleston	(15) PRESENT RESIDENCE OF MOTHER: Charleston
(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 41 (Years)	(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 35 (Years)
(12) BIRTHPLACE: Charleston	(18) BIRTHPLACE: Charleston
(13) OCCUPATION: Brandy Dealer	(19) OCCUPATION: House-wife
(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 4 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Prioleau M.D.

(24) State whether Physician or Midwife: M. D.

(25) Address of Physician or Midwife: Dennis & Building

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 1/27 1883 (28) J. Mercer Langston
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.