

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 8.  
 DEPARTMENT OF COMMERCE, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of .....  
 Township of .....  
 OR  
 Inc. Town of .....  
 OR  
 City of Abbeville, S.C.

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

File No. -- For State Registrar Only  
**5574**

Registration District No. 1a Registered No. 21  
 (For use of Local Registrar)  
 (No. 151 N Main 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 Nancy Hawthorn Austin

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

3) BOY OR GIRL Girl 4) Twin or Triplet? — 5) Number in order of birth 2 6) Are Parents Married? Yes 7) DATE OF BIRTH March 10, 1923  
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME James Hawthorn Austin  
 9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.  
 10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39  
 (Years)  
 12) BIRTHPLACE Chester Co., S.C.  
 13) OCCUPATION Druggist  
 20) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Miss Eliza Mabry  
 15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.  
 16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36  
 (Years)  
 18) BIRTHPLACE Abbeville S.C.  
 19) OCCUPATION Housewife  
 21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was White at 9:15 M.,  
 on the date above stated. (Born alive or stillborn) Hour: M. or P. M.)

(23) (Signature) J. C. Will  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Abbeville, S.C.

Given name added from a supplemental report

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

(27) Filed March 16, 1923 (28) Miss Julia McCall 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.

\*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.