

(1) PLACE OF BIRTH

County of Anderson
 Township of Crosby Creek
 or
 Loc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

24700

Registration District No. 302 Registered No. 78
 (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.)

Full Name of Child B. A. Austin If child is not yet named, make supplemental report as directed

1 SEX OR Boy 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married? Yes 7 DATE OF BIRTH May 10, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME B. A. Austin
 9 PRESENT POSTOFFICE OF FATHER Piedmont S.C.
 10 COLOR OR RACE negro 11 AGE AT LAST BIRTHDAY 37
 12 BIRTHPLACE S.C.
 13 OCCUPATION Farming
 14 Number of children born to mother, including present birth 5

MOTHER.

14 NAME BEFORE MARRIAGE Selma Hollis
 15 PRESENT POSTOFFICE OF MOTHER Piedmont S.C.
 16 COLOR OR RACE negro 17 AGE AT LAST BIRTHDAY 37
 18 BIRTHPLACE S.C.
 19 OCCUPATION House work
 20 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

21 I hereby certify that I attended the birth of this child, who was Kline at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mattie Kline
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife

Give name added from a supplemental report

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

(27) Filed Sept. 8, 1922 (28) J. R. Walden Local Registrar

If 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.