

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 5.

(1) PLACE OF BIRTH
 County of Abbeville
 Township of Magruder
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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
50899

Registration District No. 109 Registered No. 32
 (For use of Local Registrar)

(2) Full Name of Child Gustus Neuffer Postell { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are <u>no</u> Parents Married?	(7) DATE OF BIRTH <u>March 21 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME	(11) AGE AT LAST BIRTHDAY (Years)	(12) BIRTHPLACE	(13) OCCUPATION	(14) NAME BEFORE MARRIAGE <u>Ellen Postell</u>
(9) PRESENT POSTOFFICE OF FATHER	(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Years)	(12) BIRTHPLACE	(15) PRESENT POSTOFFICE OF MOTHER <u>Leathoun Falls</u>
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Years)	(12) BIRTHPLACE	(13) OCCUPATION	(16) COLOR OR RACE <u>Negro</u>
(12) BIRTHPLACE	(13) OCCUPATION	(14) NAME BEFORE MARRIAGE	(15) PRESENT POSTOFFICE OF MOTHER	(17) AGE AT LAST BIRTHDAY (Years)
(13) OCCUPATION	(14) NAME BEFORE MARRIAGE	(15) PRESENT POSTOFFICE OF MOTHER	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY (Years)
(14) NAME BEFORE MARRIAGE	(15) PRESENT POSTOFFICE OF MOTHER	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY (Years)	(18) BIRTHPLACE <u>Abbeville Co. S.C.</u>
(15) PRESENT POSTOFFICE OF MOTHER	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY (Years)	(18) BIRTHPLACE	(19) OCCUPATION <u>Housemaid</u>
(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY (Years)	(18) BIRTHPLACE	(19) OCCUPATION	(20) Number of children born to mother, including present birth { <u>1</u> }
(17) AGE AT LAST BIRTHDAY (Years)	(18) BIRTHPLACE	(19) OCCUPATION	(20) Number of children born to mother, including present birth	(21) Number of children of this mother now living, including present birth { <u>1</u> }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Leanne X Bell
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Leathoun Falls S.C.

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness Mrs. Nance
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed March 21 1916 (28) J. L. Nance
 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.

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Caw. of Columbia

McG