

(1) PLACE OF BIRTH

County of AbbevilleTownship of MagnoliaInc. Town of _____
or _____City of _____
(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. 109Registered No. 32
(For use of Local Registrar)(2) Full Name of Child Gustus Neuffer Postall

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 Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>march 21</u> 191 <u>6</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME			(14) NAME BEFORE MARRIAGE <u>Ellen Postall</u>	
(9) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER <u>Leatham Falls S.C.</u>	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE <u>Negro</u>		
(12) BIRTHPLACE	(17) AGE AT LAST BIRTHDAY (Years)			
(13) OCCUPATION	(18) BIRTHPLACE <u>Abbeville Co. S.C.</u>			
(20) Number of children born to mother, including present birth	(19) OCCUPATION <u>Housemaid</u>			
			(21) Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at _____ (Hour A. M. or P. M.)
on the date above stated. (Born alive or stillborn)(23) (Signature) Leanne X Bell(24) State whether Physician or Midwife (25) Address of Physician or Midwife Leatham Falls S.C.

Given name added from a supplemental report

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

Caw. of Columbia

Mc