

WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 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 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. 1a.—For State Registrar Only	
County of <u>Pickens</u>		STATE OF SOUTH CAROLINA		4934	
Township of <u>Union</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>374</u>		Registered No. <u>17</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Jessie Edw. and Austin</u>				If child is not yet named, make supplemental report as directed	
(3) SEX OR GENDER <u>Boy</u>	(4) Type of Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb - 2 - 1923</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Edgar Austin</u>			(14) NAME BEFORE MARRIAGE <u>Evelyn Hill</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Central S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Central S.C.</u>		
(16) COLOR OR RACE <u>Black</u>			(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
(18) BIRTHPLACE <u>S.C.</u>			(19) BIRTHPLACE <u>S.C.</u>		
(20) OCCUPATION <u>Farmer</u>			(21) OCCUPATION <u>Housekeeper</u>		
(22) Number of children born to mother, including present birth <u>1</u>			(23) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(24) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>8:15 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(25) (Signature) <u>J. H. Reardon</u>		(26) Address of Physician or Midwife <u>Central S.C.</u>			
(27) State whether Physician or Midwife <u>M. D.</u>					
Given name added from a supplemental report		(28) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
19		(29) Filed <u>Feb 5 - 1923</u>			
Registrar		(30) <u>J. H. Reardon</u> 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.