Form No. 3

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
18-114

(1) PLACE OF BIRTH

County of Greenville

Township of Austin

or

Inc. Town of Simpsonville

or

City of ..... (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2608 Registered No. 19 (For use of Local Registrar)

(2) Full Name of Child Carlie Austin

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy			yes	July 24, 1916 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME Eliga Austin	(14) NAME BEFORE MARRIAGE Jessie Bennett
(9) PRESENT POSTOFFICE OF FATHER Simpsonville	(15) PRESENT POSTOFFICE OF MOTHER Simpsonville
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21 (Years)	(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Greenville Co	(18) BIRTHPLACE Greenville Co
(13) OCCUPATION Farming	(19) OCCUPATION Home Work
(20) Number of children born to mother, including present birth 2	(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 alive (Born alive or stillborn) at 3 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) .....

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed 8/9 1916 (28) L. L. Pickens 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.