

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3159

Registration District No. 801

Registered No. 6
(For use of Local Registrar)St. Ward
(No. of street and number)

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

(2) Full Name of Child

Norman Western

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Feb 2 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Ed Austin

(9) PRESENT POSTOFFICE OF FATHER

Barnwell SC

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

48
(Years)

(12) BIRTHPLACE

Barnwell SC

(13) OCCUPATION

Day Laborer

(20) Number of children born to mother, including present birth

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MOTHER

(14) NAME BEFORE MARRIAGE

Isabelle Britt

(15) PRESENT POSTOFFICE OF MOTHER

Barnwell SC

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

36
(Years)

(18) BIRTHPLACE

Barnwell SC

(19) OCCUPATION

Laundress

(21) Number of children of this mother now living, including present birth

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... on the date above stated.

at 10:30 M.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Isabelle Britt

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb 10 1922

(28)

N. J. Nickola

Local Registrar

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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.