

22 049389

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

1. PLACE OF BIRTH

County of Richland

Township of

or

Inc. Town of

City of Columbia S.C.

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38.2

FILE No.—For State Registrar Only

04940

Registered No.
(For use of Local Registrar)

2. FULL NAME OF CHILD

Zelma Austin3. Boy or Girl Boy 4. Twin, triplet or other..... 5. Number, in order of birth..... 6. Premature..... 7. Are Parents Yes 8. Date of birth Dec. 23, 1922
(Month, day, year)9. Full name FATHER Henry Austin 18. Name before marriage MOTHER Mamie Rust10. Residence (mailing address) Ridgewood S.C. 19. Residence (mailing address) Ridgewood S.C.
(If non-resident, give place and State)11. Color or race C 12. Age at child's birth 43 (years) 20. Color or race C 21. Age at child's birth 34 (years)13. Birthplace (city or place) Laurens Co. S.C. 22. Birthplace (city or place) Columbia, S.C.
(State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laurens 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Laurens15. Industry or business in which work done, as silk mill, sawmill, bank, etc. W.S. Post Office 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. Number of children of this mother (At time of birth and including this child) 6 (a) Born alive and now living 6 (b) Born alive but now dead..... (c) Stillborn.....

28. If stillborn, period of gestation..... (months) weeks 29. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 3 a.m. on the date above stated.(Signed) Mamie Austin, Parent

or....., Guardian

Address 1414 Wheat St.Filed Aug. 24, 1922 by M. B. Woodward, M.D.

Registrar.

Registrar.