

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Greenville  
 or  
 Inc. Town of Summerville  
 or  
 City of Summerville

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

26333

Registration District No. 2209ARegistered No. 12

(For use of Local Registrar)

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

## (2) Full Name of Child

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

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? <u>No</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>5-1-22</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME <u>Leonard Austin</u>			14) NAME BEFORE MARRIAGE <u>Daisy Ross</u>	
9) PRESENT POSTOFFICE OF FATHER <u>4 Circle St</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Same</u>	
10) COLOR OR RACE <u>W</u>	11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	16) COLOR OR RACE <u>W</u>	17) AGE AT LAST BIRTHDAY <u>33</u> (Years)	
12) BIRTHPLACE <u>S.C.</u>		18) BIRTHPLACE <u>D.C.</u>		
13) OCCUPATION <u>Self title</u>		19) OCCUPATION <u>house</u>		
20) Number of children born to mother, including present birth <u>7</u>		21) Number of children of this mother now living, including present birth <u>6</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 P. M., on the date above stated. (Hour, M. or P. M.)

(23) (Signature) John H. Hill(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

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

(27) Filed Aug 20 1922 (28) A. H. Mackey 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.

Before the fifth month of pregnancy