

(1) PLACE OF BIRTH

County of Anderson

Township of

or

Inc. Town Richmond

or

(City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20841

Registration District No. 3.BRegistered No. 47
(For use of Local Registrar)

(No.St.;Ward)

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

(2) Full Name of Child J. W. Austin

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

3 BOY OR GIRL? Boy

4) Twin or Triplet?

5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH

July 12, 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

B. F. Austin

9) PRESENT POSTOFFICE OF FATHER

Pine Mount

10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

20
(Years)

12) BIRTHPLACE

S.C.

13) OCCUPATION

Scrub work

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Annie Boldin

(15) PRESENT POSTOFFICE OF MOTHER

Pine Mount

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

16
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 3 P.M.,
on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)

(23) (Signature)

(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)

19
Registrar

(27) Filed

July 12, 1922 (28) J. S. Fleming
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.

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