

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
MEGAN OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

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

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

File No.—For State Registrar Only
90023

Registration District No. 2200 Registered No. 188
(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 Mary Malvina Auster If child is not yet named, make*
Supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 29 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME H. V. Auster

(9) PRESENT POSTOFFICE OF FATHER Simpsonville

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42
(Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION T. Assn.

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Murch

(15) PRESENT POSTOFFICE OF MOTHER Simpsonville

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 42
(Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION At home keeping

(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... Alive... at 10 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. L. Puckadon
(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 Jan 8 1917 (28) L. L. Puckadon 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.