

Form No 1.

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofor
City of Greenville

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

52296

Registration District No. 22 A Registered No. 102

(For use of Local Registrar)

(No. 201 Echols St. 1 Ward)

(2) Full Name of Child

{ 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

(6) Are Parents Married? Yes(7) DATE OF BIRTH Mar. 16 1916
(Name of Month) (Day) (Year)

To be answered only in event of Twin or Triplets

FATHER.

(8) FULL NAME Duff Austin(9) PRESENT POSTOFFICE OF FATHER Greenville S. C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Greenville, S. C.(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Bellamy(15) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Anderson, S. C.(19) OCCUPATION Laundress(21) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive 11:30 A. M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Anne X. Austin

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife

E. North St.

Given name added from a supplemental report

(26) Witness Grace C. Talmon
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Mar. 18, 1916 (28) C. Smith
Local Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

Ch. of Columbia

*When there was no attending physician or midwife, then the father, householder, etc., should make this return, as a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths made in the fifth month of pregnancy.