

(1) PLACE OF BIRTH

County of HamptonTownship of Hamptonor
the Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

40877

Registration District No. 400 Registered No. 133
(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 William Austin Jr If child is not yet named, make supplemental report as directed

| | | | | |
|--------------------------------|--|------------------------------|---------------------------------------|--|
| (3) SEX OF CHILD <u>Boy</u> | (4) Twin or Triplet To be answered only in event of Twin or Triplet | (5) Number in order of birth | (6) Are Parents Married <u>Yes</u> | (7) DATE OF BIRTH <u>Jan 8 1924</u> (Name of Month) (Day) (Year) |
|--------------------------------|--|------------------------------|---------------------------------------|--|

FATHER.

(8) FULL NAME William Austin(9) PRESENT POSTOFFICE OF FATHER Edell St(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 31
(Years)(12) BIRTHPLACE Hampton Co(13) OCCUPATION Public work

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Lee Knight(15) PRESENT POSTOFFICE OF MOTHER Edell St(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 18
(Years)(18) BIRTHPLACE Hampton Co(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 1(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 8 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Lee(24) State whether Physician or Midwife (25) Address of Physician or Midwife Edell St

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 8 1924 (28) H. C. Jackson 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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