

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Sevier

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of Harlowville

File No. — For State Registrar Only

51941

Inc. Town of

Registration District No. 602

Registered No. 13

or

or

City of

(No.

(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 Genevieve Austin

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 no

(6) Are Parents Married?

(7) DATE OF BIRTH mar 15 1940
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Not known

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Rose Austin

(15) PRESENT POSTOFFICE OF MOTHER Decatur, Ga

(16) COLOR OR RACE negro

(17) AGE AT LAST BIRTHDAY 21

(Years)

(18) BIRTHPLACE GA

(19) OCCUPATION day labor

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

(23) (Signature) Rose Austin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Decatur, Ga

Given name added from a supplemental report

(26) Witness

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

(27) Mar 15 1940

(28) A. Henderson Local Registrar

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.

*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.