

(1) PLACE OF BIRTH

County of GreenvilleTownship of WhisperingInc. Town of GreenvilleCity 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

4339

Registration District No. 2204 Registered No. 20
(For use of Local Registrar)
City of Greenville (No. 1000 St. West Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Elizabeth Austin { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1 girl (5) Number in order of birth 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 23 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Tom Austin(9) PRESENT POSTOFFICE OF FATHER Greer(10) COLOR OR RACE col. (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Spartanburg County(13) OCCUPATION pressing(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Williams(15) PRESENT POSTOFFICE OF MOTHER Greer(16) COLOR OR RACE col. (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Greenville(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Feb. 23 at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lucy Beasley

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

Midwife

Given name added from a supplemental report

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

(27) Filed 2-24-22 (28) J. H. Hanner 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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