

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town ofCity of Charleston S.C.

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

(2) Full Name of Child. Austan Frederick Lemmigh(3) BOY OR GIRL? Boy(4) Twin or Triplet? ✓(5) Number in order of birth 2nd(6) Are Parents Married? YesDATE OF BIRTH Sept. 23 1916
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets.

(8) FULL NAME Austan Frederick Gustave Lemmigh(9) PRESENT POSTOFFICE OF FATHER Charleston(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Railroad Emp. Ches Ter Co(20) Number of children born to mother, including present birth 2nd(14) NAME BEFORE MARRIAGE William Chas(15) PRESENT POSTOFFICE OF MOTHER Charleston(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Charleston(19) OCCUPATION Domestic duties(21) Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive, at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)Court Order # 627
affd. ab(23) (Signature) Mrs. Sallie Greengate(24) State whether Physician or Midwife (25) Address of Physician or Midwife 1 Inspection St

Given name used from a supplemental report

112/44, 1916L. A. Piser M.D.
Registrar

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

(27) Filed 9/25/16 (28) J. Mercer 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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

75978

Registration District No. 9A Registered No. 959
(For use of Local Registrar)

St.; Ward)

(If child is not yet named, make supplemental report as directed