

FORM No. 10
 THIS FORM, WITH NECESSARY CHANGES 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 3.
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(1) PLACE OF BIRTH
 County of Greenville
 Township of
 or
 Inc. Town of
 or
 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
46294

Registration District No. 22. A Registered No. 27
 (For use of Local Registrar)
238 Elford St. St.; 2 Ward

(2) Full Name of Edna Austin

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parent Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 26</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Robert Austin</u>		(14) NAME BEFORE MARRIAGE <u>Gora Bowin</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Greenville S. C.</u>		(18) BIRTHPLACE <u>Laurens Co.</u>		
(13) OCCUPATION <u>Tinner</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>43</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:10 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. J. ...
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Oscar St.

Given name added from a supplemental report
 _____, 191____

 Registrar

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

(27) Filed Feb 1 1916 (28) _____
 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.

Registrar

Filed August 31, 1942 M.B. Woodward, M.D.
 Registrar