

## (1) PLACE OF BIRTH

County of Richland

Township of .....

Inc. <sup>or</sup> Town of .....City <sup>or</sup> Columbia Clayworks

(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

19906

Registration District No. 389Registered No. 101

(For use of Local Registrar)

2) Full Name of Child Infant Auster If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? B(4) Twin or Triplet? 1

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year) May 6 1922

## FATHER.

## MOTHER.

(8) FULL NAME William Oscar Auster(14) NAME BEFORE MARRIAGE Elegabette Bryant(9) PRESENT POSTOFFICE OF FATHER Columbia Clayworks(15) PRESENT POSTOFFICE OF MOTHER Columbia Clayworks(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 38 (Years)(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 42 (Years)(12) BIRTHPLACE Ga.(18) BIRTHPLACE Ala(13) OCCUPATION Laborer(19) OCCUPATION House(20) Number of children born to mother, including present birth 2(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) R. J. Jennings

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

Given name added from a supplemental report

..... 191....

..... Registrar

(26) Witness .....

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

(27) File 191 (28) W. J. Jennings 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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