

(1) PLACE OF BIRTH

County of OrangeburgTownship of MiddleInc. of Town ofCity of (No.)

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

2) Full Name of Child Heaven Orlando Austin

File No.—For State Registrar Only

65867

Registration District No. 3.6.2.0Registered No. 53

(For use of Local Registrar)

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

3) BOY OR GIRL? girl(4) Twin or Triplet? X(5) Number in order of birth 7

To be answered only in case of Twin or Triplet

(6) Are Parents Married? yes(7) DATE OF BIRTH June 3, 1916

(Name) (Month) (Day) (Year)

FATHER.

10) FULL NAME Burn Freeman Austin11) PRESENT POSTOFFICE OF FATHER Bourman #1 SC12) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)13) BIRTHPLACE Orangeburg S.14) OCCUPATION farmer15) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Alice Arant(15) PRESENT POSTOFFICE OF MOTHER Bourman #1 SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Orangeburg S.(19) OCCUPATION house wife(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive as 9.15 P.M. (Born alive or stillborn) (Hour) (M. or P.M.) on the date above stated.(23) (Signature) H. J. ...(24) State whether Physician or Midwife (25) Address of Physician or Midwife Orangeburg S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed June 1916 (28) W. H. Duke 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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Form No. 10.
 WHITE PLAINLY, WITH LEADING INK—THIS IS A PRELIMINARY 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.