

(1) PLACE OF BIRTH

County of Darlington STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Darlington State Board of Health

File No. — For State Registrar Only
45966

Inc. Town of Registration District No. 1501 Registered No.
 City of (No.) (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Eldon Young { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH Jan. 3 1915
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wilbur M. Yell

(9) PRESENT POSTOFFICE OF FATHER Darlington S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Darlington Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Roberta Young

(15) PRESENT POSTOFFICE OF MOTHER Darlington S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE Darlington Co.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) James H. Holliday

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Darlington S.C.

Given name added from a supplemental report

(26) Witness Eldon

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

(27) Filed 1/8 1915 (28) E. E. Earl 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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