

MARGIN RESERVED FOR BINDING.
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.

(1) PLACE OF BIRTH
County of Laurens
Township of Jacks
or
Inc. Town of
or
City of
(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

Registration District No. 2983 Registered No. 28
(For use of Local Registrar)

File No.—For State Registrar Only
15620

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>May 22</u> (Name of Month) (Day) (Year)
---------------------------------	--	------------------------------	--------------------------------------	--

FATHER.		MOTHER.	
(8) FULL NAME <u>John Young</u>	(14) NAME BEFORE MARRIAGE <u>Bennie Jamieson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Hamlet SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Clinton SC</u>
(10) COLOR OR RACE <u>Bk</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(16) COLOR OR RACE <u>Bk</u>	(17) AGE AT LAST BIRTHDAY <u>39</u> (Years)
(12) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>SC</u>	(13) OCCUPATION <u>R.R. Work</u>	(19) OCCUPATION <u>Farm Work</u>
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mandana Young
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed May 24 22 (28) D. B. Keland
Registrar 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.

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 Only
Ward
ed. make directed
22
(Year)
albed
R 4
2.8
(cars)
30
D. M.
or P. M.)
Midwife
C
J. J. J.
MAY 24 1922
MAY 24 1922