

(1) PLACE OF BIRTH

County of LaurensTownship of YoungInc. Town of LaurensCity of Laurens

(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. 2908

File No.—For State Registrar Only

4420

Registered No. 10
(For use of Local Registrar)St.: Laurens Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1
To be answered only in case of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 12 1903
(Name of Month) (Day) (Year)(8) FULL NAME OF FATHER Levin B. Young(9) PRESENT POSTOFFICE OF FATHER Laurens S.C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE Laurens Co(13) OCCUPATION Farm(14) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 6(14) NAME BEFORE MARRIAGE Leatha Cook(15) PRESENT POSTOFFICE OF MOTHER Laurens S.C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE Laurens Co(19) OCCUPATION Farm(21) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Beattie Brown(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Laurens S.C.

Given name added from a supplemental report

See app. 523/12/03 19 03

Registrar

(26) Witness Willa Young
(Signature of Witness necessary only when question 23 is signed by mother)(27) Filed 3/10 19 03 (28) R. H. Harris 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.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.