

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Aiken
 Township of Briggs
 or Town of Hamletville
 or City of _____

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
13386

Registration District No. 2-D Registered No. 13
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 _____ St.; _____ Ward

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Mar. 20, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Samuel Young
 (9) PRESENT POSTOFFICE OF FATHER Hamletville, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)
 (12) BIRTHPLACE Aiken Co
 (13) OCCUPATION Carpenter
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Emilia Edith Ford
 (15) PRESENT POSTOFFICE OF MOTHER Hamletville, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)
 (18) BIRTHPLACE Aiken Co S.C.
 (19) OCCUPATION Domestic
 (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 alive at 8:20 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. C. Leonard, M.D.
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Hamletville, S.C.

Given name added from a supplemental report

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

_____ 19 _____ Registrar (27) Filed Jan. 10, 1922 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 born. No report is desired of stillbirths before the fifth month.

5/27
J. L. Mulloak
 Local Registrar

Given name added from a supplemental report