

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.  
McCaw, of Columbia.

(1) PLACE OF BIRTH  
County of Charleston  
Township of Lewisville  
or  
Inc. Town of ..... Registration District No. 1106 Registered No. 117  
or  
City of ..... (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 Bae Young Hoon { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? G. (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 16 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Jos. G. Hoon  
(9) PRESENT POSTOFFICE OF FATHER Padman R. 2. D.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)  
(12) BIRTHPLACE Charleston Co.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth { 6

MOTHER.  
(14) NAME BEFORE MARRIAGE Susan Hicklin  
(15) PRESENT POSTOFFICE OF MOTHER Padman R. 2. D.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)  
(18) BIRTHPLACE Charleston Co.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth { 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was B. A. H. at 3 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) J. P. Young, M. D., Pickens Co.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191.....

Registrar

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

(27) Filed 9/17 1916 (28) J. P. Young Local Registrar

\*When there was no attending physician or midwife, then the father, household, 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.