

Form No. 1

(1) PLACE OF BIRTH

County of LaurensTownship of ScuppernonOF
Inc. Town of

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

File No.—For State Registrar Only

35265

Registration District No. 2905Registered No. 45

(For use of Local Registrar)

(2) Full Name of Child Lydie Bell Young

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(6) Are Parents Married? yes(7) DATE OF BIRTH Oct 7, 22

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Woody Young(9) PRESENT POSTOFFICE OF FATHER Laurens, S.C.(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 21 (Year)(12) BIRTHPLACE Spartanburg Co S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Bessie Katts(15) PRESENT POSTOFFICE OF MOTHER Laurens, S.C.(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 31 (Year)(18) BIRTHPLACE Laurens, S.C.(19) OCCUPATION Housewife(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 P.P. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Nelie Walk(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Laurens, S.C. P. 2

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct 17, 22(28) R. J. Dorman 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.

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.

Bureau of Columbia, Columbia, S. C.