

(1) PLACE OF BIRTH

County of EdgefieldTownship of Pickens

Inc. Town of

or

City of

(No. St. Ward)

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

(2) Full Name of Child Joseph Young

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age Parents Married? yes (7) DATE OF BIRTH Feb. 12, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lucious Young(9) PRESENT POSTOFFICE OF FATHER Edgefield, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Year)(12) BIRTHPLACE Edgefield Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Lee Nicholson(15) PRESENT POSTOFFICE OF MOTHER Edgefield, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 34 (Year)(18) BIRTHPLACE Edgefield(19) OCCUPATION House help(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Orrie Ross(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Edgefield, S.C.

Given name added from a supplemental report

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

(27) Filed 3/11/22 (28) Orrie Ross 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.