

(1) PLACE OF BIRTH

County of AllendaleTownship of 11

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4600No. 31454Registered No. 132
(For use of Local Registrar)

(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 William J. Young If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD <u>boy</u>	(4) Twin or Triplet <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age of Mother <u>yes</u>	(7) DATE OF BIRTH <u>Nov 23 1923</u> (Name of Month) (Day) (Year)
(8) FATHER. (9) FULL NAME <u>W. J. Young</u>			(10) MOTHER. (11) NAME BEFORE MARRIAGE <u>Birdie Cancey</u>	
(12) PRESENT POSTOFFICE OF FATHER <u>Allendale SC</u>			(13) PRESENT POSTOFFICE OF MOTHER <u>Allendale SC</u>	
(14) COLOR OR RACE <u>white</u>	(15) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)	
(18) BIRTHPLACE <u>SC</u>			(19) BIRTHPLACE <u>SC</u>	
(20) OCCUPATION <u>Farmer</u>			(21) OCCUPATION <u>Homemaker</u>	
(22) Number of children born to mother, including present birth <u>3</u>			(23) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was alive 9 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(25) (Signature) L. H. Boyd M.D.

(26) State whether Physician or Midwife

(27) Address of Physician or Midwife

Allendale SC

Given name added from a supplemental report

(28) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(29) Filed Nov 25 1923 (30) L. H. Boyd M.D.
Local RegistrarWhen 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.