

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.

(1) PLACE OF BIRTH

County of Cherokee  
Township of Cherokee  
or  
Inc. Town of.....  
or  
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

14115

Registration District No. 1000a Registered No. 37  
(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 Osie Lee 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 May 9, 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME George Young  
(9) PRESENT POSTOFFICE OF FATHER Blacksburg SC  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 3

MOTHER.  
(14) NAME BEFORE MARRIAGE Annie Bouten  
(15) PRESENT POSTOFFICE OF MOTHER Blacksburg SC  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)  
(18) BIRTHPLACE SC  
(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 4 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. Morgan  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Blacksburg

Given name added from a supplemental report.....  
(26) Witness Geo. A. Roberts  
(Signature of Witness necessary only when question 23 is signed by marks)  
(27) Filed 5-15-22 (28) Geo. A. Roberts 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.