

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

36381

Registration District No. 40-0

Registered No. 486

(For use of Local Registrar)

(No. of Hospital)

St.;

Ward)

(2) Full Name of Child

Thomas Rudolph Young

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FATHER

(8) FULL NAME

Rudolph Young

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MOTHER

(14) NAME BEFORE MARRIAGE

Josephine Hood

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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

at 6:30 P.M.

(Born alive or stillborn)

(Hour A.M. or P.M.)

allied.

Given name of child from a supplement

M. B. W. - M. D.

6-4-43

19

Registrar

(26) Witness

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

(27) Filed

11-1-22

(28)

Jas. Cooper

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.

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