

(1) PLACE OF BIRTH

County of *Lancaster*

Township of *Pull House*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only
46831

Registration District No. *3102*

Registered No. *2*

(For use of Local Registrar)

(No. *1* St.; *1* Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *James William You*

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

(3) SEX OR <i>Boy</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of Birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Jan 16</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *James W You*

(9) PRESENT POSTOFFICE OF FATHER *Waveren*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *28* (Years)

(12) BIRTHPLACE *Lancaster Co*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth *3*

MOTHER.

(14) NAME BEFORE MARRIAGE *Annie L Redmond*

(15) PRESENT POSTOFFICE OF MOTHER *Waveren*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *23* (Years)

(18) BIRTHPLACE *Lancaster Co*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *White* at *8* P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Missie Brown*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness *J. L. You* (Signature of Witness necessary only when question 23 is signed by mark)

(27) *Jan 22 1916* (28) *J. L. You* 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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WHITE 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.

McCaw, of Columbia

McCaw