

Form No. 1

(1) PLACE OF BIRTH

County of Richland
 Township of Center
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

No. — For State Registrar Use
33739

Registration District No. 3801 Registered No.
 (For use of Local Registrar)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet 4 (5) Age ye (6) DATE OF BIRTH Sept 12 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Young Robert
 (9) PRESENT POSTOFFICE OF FATHER English S.C.
 (10) COLOR OR RACE Colord (11) AGE AT LAST BIRTHDAY 23
 (12) BIRTHPLACE Richland County S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Frances Grooms
 (15) PRESENT POSTOFFICE OF MOTHER English S.C.
 (16) COLOR OR RACE Colord (17) AGE AT LAST BIRTHDAY 18
 (18) BIRTHPLACE Richland County S.C.
 (19) OCCUPATION House Wife
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... Alive... at 6:00...
 on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Martha Carma(24) State whether Physician or Midwife (25) Address of Physician or Midwife English S.C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed 9-17-23 (28) A. B. Campbell Local Registrar

*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child becomes stillborn, it should be reported as stillborn. No report is desired of stillbirths at the fifth month of pregnancy.