

(1) PLACE OF BIRTH

County of LaurieTownship of Hunter

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

4405

Registration District No. 22902Registered No. 10
(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 Edna Marie Young

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

3. BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in case of Twin or Triplet

FATHER.

(5) Number in order of birth

Are Parents Married?

yes

7. DATE OF

BIRTH July 12 1923
(Name of Month) (Day) (Year)

MOTHER.

8. FULL NAME

James Marie Young

(14) NAME BEFORE MARRIAGE

Era Bernice Simpson

9. PRESENT POSTOFFICE OF FATHER

Clinton S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Clinton S.C.

10. COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

(Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

(Years)

12. BIRTHPLACE

Laurie County S.C.

(18) BIRTHPLACE

Brighton Ark

13. OCCUPATION

Farming

(19) OCCUPATION

House wife

20. Number of children born to mother, including present birth

Five

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

Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A.M. on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.

(23) (Signature)

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Clinton S.C.

Given name added from a supplemental report

Janet L. YoungMay 15 1923

(26) Witness

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

(27) Place

Mich. 5 1923(28) J. N. Bailey 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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Return.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH PENCIL. INK—THIS IS A PERMANENT RECORD. FOR EACH CHILD, AND MARK THE DATE OF BIRTH. IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE DATE OF BIRTH. IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE DATE OF BIRTH. IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE DATE OF BIRTH.

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