

(1) PLACE OF BIRTH

County of Farfield

Township of

or
Inc. Town of No. 2or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Register Only

28204

Registration District No. 1901 Registered No. 14
(For use of Local Registrar)(2) Full Name of Child Moselle Young If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet Is it reported only in event of Twin or Triplet	(5) Number in order of birth	(6) Sex <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 2, 1923</u> (Month of Birth) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Walter Young</u>			(14) NAME BEFORE MARRIAGE <u>Moselle Head</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Blackstock</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Blackstock</u>	
(10) COLOR OR RACE <u>W. C.</u>	(11) AGE AT LAST BIRTHDAY <u>19</u>	(16) COLOR OR RACE <u>black</u>	(17) AGE AT LAST BIRTHDAY <u>19</u>	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>R.R. Laborer</u>			(19) OCCUPATION <u>Farmer Laborer</u>	
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was female at 4 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Umanita Coleman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Blackstock

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Sept 28 1923(28) W. A. Blaine

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.