

(1) PLACE OF BIRTH

County of Laurens
 Township of Leesville
 or
 Inc. TOWN of.....
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

22899

Registration District No. 2905 Registered No. 28
 (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

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? twin (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 30, 22
 To be answered only in event of Twins or Triplets (Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ervin Young
 (9) PRESENT POSTOFFICE OF FATHER Clinton, R. 1, S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 20
 (Years)
 (12) BIRTHPLACE Laurens Co., S.C.
 (13) OCCUPATION Farm laborer
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Irene Little
 (15) PRESENT POSTOFFICE OF MOTHER Clinton, S.C. R. 1
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 16
 (Years)
 (18) BIRTHPLACE Laurens Co
 (19) OCCUPATION washing
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:10 P.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Isabella Holland
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Clinton, S.C.

Given name added from a supplemental report

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

(27) Filed July 10, 22 (28) F. L. Dorman 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.

REGISTRAR

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.

MAILED FOR BIRTH
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 REGISTRY OF BIRTHS, COLUMBIA, S. C.