

Form No. 3

1) PLACE OF BIRTH

County of Fairfield
 Township of W19
 City of W19

CERTIFICATE OF BIRTH

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

No. for State Registrar Only
3751

Registration District No. 1908

Registered No. 6
 (For use of Local Registrar)

(No. 1908 St. 6 Ward 6)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Oliver May Young If child is not yet named, make supplemental report as directed

BOY OR GIRL Boy (1) Twin or Triplet X (2) Number in order of birth 2 (3) Are Parents Married no (4) DATE OF BIRTH Feb 14 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

FULL NAME Johnnie Young
 PRESENT POSTOFFICE OF FATHER Wimborne
 COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 22
 BIRTHPLACE Fairfield Co SS
 OCCUPATION Farmer laborer
 Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lottie McDaniel
 (15) PRESENT POSTOFFICE OF MOTHER Wimborne
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 21
 (18) BIRTHPLACE Fairfield Co SS
 (19) OCCUPATION Cook
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Nethy Johnson (23) Address of Physician or Midwife Wimborne
 (24) State whether Physician or Midwife

For name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (26) Date Feb 27 1923 (27) Local Registrar D. C. Ruff

If 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.