

(1) PLACE OF BIRTH

County of Spartanburg  
Township of Pacolet  
or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar

22827

Registration District No. 4006

Registered No. 79  
(For use of Local Registrar)

(2) Full Name of Child N. S. Chas. Yount  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) SEX OF CHILD Boy (4) DATE OF BIRTH 7-31-1923  
(5) yes (6) yes  
(7) yes (8) yes  
(9) yes (10) yes  
(11) yes (12) yes  
(13) yes (14) yes  
(15) yes (16) yes  
(17) yes (18) yes  
(19) yes (20) yes  
(21) yes (22) yes  
(23) yes (24) yes  
(25) yes (26) yes  
(27) yes (28) yes  
(29) yes (30) yes  
(31) yes (32) yes  
(33) yes (34) yes  
(35) yes (36) yes  
(37) yes (38) yes  
(39) yes (40) yes  
(41) yes (42) yes  
(43) yes (44) yes  
(45) yes (46) yes  
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(51) yes (52) yes  
(53) yes (54) yes  
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(57) yes (58) yes  
(59) yes (60) yes  
(61) yes (62) yes  
(63) yes (64) yes  
(65) yes (66) yes  
(67) yes (68) yes  
(69) yes (70) yes  
(71) yes (72) yes  
(73) yes (74) yes  
(75) yes (76) yes  
(77) yes (78) yes  
(79) yes (80) yes  
(81) yes (82) yes  
(83) yes (84) yes  
(85) yes (86) yes  
(87) yes (88) yes  
(89) yes (90) yes  
(91) yes (92) yes  
(93) yes (94) yes  
(95) yes (96) yes  
(97) yes (98) yes  
(99) yes (100) yes

FATHER.  
(1) FULL NAME Perry Yount  
(2) PRESENT POSTOFFICE OF FATHER Trough S.C.  
(3) COLOR OR RACE White  
(4) BIRTHPLACE Tenn.  
(5) OCCUPATION Spinner  
(6) Number of children born to mother, including present birth 7

MOTHER.  
(1) NAME BEFORE MARRIAGE Magnolia Kays  
(2) PRESENT POSTOFFICE OF MOTHER Trough S.C.  
(3) COLOR OR RACE White  
(4) BIRTHPLACE Tenn.  
(5) OCCUPATION Housewife  
(6) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.  
(23) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (24) yes (25) yes

(26) (Signature) N. S. Chas. Yount  
(27) State whether Physician or Midwife (28) yes

Given name added from a supplemental report .....  
(29) Witness .....  
(30) Filed 7-31-1923 (31) M. W. Brown 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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