

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

75413

(1) PLACE OF BIRTH

County of Albermarle

Township of Richmond

Inc. Town of Richmond

City of Richmond

Registration District No. 209

Registered No. 11

(For use of Local Registrar)

(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 <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 29 1916</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME W. F. Young

(9) PRESENT POSTOFFICE OF FATHER Richmonds Mill Rd

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Albermarle Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth Two

MOTHER

(14) NAME BEFORE MARRIAGE Mathe Goss

(15) PRESENT POSTOFFICE OF MOTHER Richmonds Mill

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Albermarle Co

(19) OCCUPATION House wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 a M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. W. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 8-31-1916 (28) W. J. ... 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

FORM NO. 4

McCaw, of Columbia.