

(1) PLACE OF BIRTH

County of horry
 Township of Liberty
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. for State Registrar
41915

Registration District No. 140 Registered No. 44
 (For use of Local Registrar)

(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 Ellie Young If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <u>girl</u>	(2) Twin or Triplet To be answered only in event of Twin or Triplet	(3) Number in order of birth	(4) Are Parents Married <u>yes</u>	(5) DATE OF BIRTH <u>Oct 2, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(6) FULL NAME Will Young
 (7) PRESENT POSTOFFICE OF FATHER Liberty
 (8) COLOR OR RACE Black (9) AGE AT LAST BIRTHDAY 41 (Year)
 (10) BIRTHPLACE horry id
 (11) OCCUPATION Tom Labor
 (12) Number of children born to mother, including present birth 1

MOTHER.

(13) NAME BEFORE MARRIAGE Lily Young
 (14) PRESENT POSTOFFICE OF MOTHER Liberty
 (15) COLOR OR RACE Black (16) AGE AT LAST BIRTHDAY 22 (Year)
 (17) BIRTHPLACE horry id
 (18) OCCUPATION housewife
 (19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature) Tom Young
 (22) State whether Physician or Midwife (23) Address of Physician or Midwife

Given name added from a supplemental report

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

(25) Filed Oct 2, 1923 (26) 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.