

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Roger Warner Young*

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

(3) ~~SEX~~
GIRL?(4) Twin
or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY.....
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY.....
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

and Witness

(Signature of Witness necessary only
when question 23 is signed by mother)Witnessed on *March 21* (a.m.) *S. H. Wardlaw*
Local RegistrarWhen there was no attending physician or midwife, then the father, householder, etc., should make this return.
If a child breathes even once, it should be reported as stillborn. No report is desired of stillbirths occurring within month of pregnancy.MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH ENLARGING INK—THIS IS A PERMANENT RECORD.
N. B.—In the case of TWINS OR TRIPLETS, use a SEPARATE BLANK FOR EACH CHILD, and mark the
PRINT-POINTS, No. 1, THE OTHER, No. 2, etc., in question 5.

McGraw-Hill, Columbia, S. C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
9594Registration District No. *103* Registered No. *8*
(For use of Local Registrar)

(No. St.; Ward)

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