

## (1) PLACE OF BIRTH

County of MarlboroTownship of Marlborough

or

Inc. Town of Marlborough

or

City of Marlborough

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

15930

Registration District No. 3307Registered No. 51

(For use of Local Registrar)

## (2) Full Name of Child

Lucern Beck Young

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER

L. J. Thomas

(9) PRESENT POSTOFFICE OF FATHER

Summersville, AL

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

Housewife

(14) NAME BEFORE MARRIAGE

MOTHER

Lella Jackson

(15) PRESENT POSTOFFICE OF MOTHER

Summersville, AL

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Housewife

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

7

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

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 2:30 M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) R. J. Young

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

Physician Summersville AL

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) James H. Young(28) Thomas H. Young

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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