

1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

19744

County of Anderson
Township of

or
Town of

Registration District No. 317 Registered No. 222
(For use of Local Registrar)

(No. 11 Anderson) (Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child William Young If child is not yet named, make supplemental report as directed

BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 12 25
(Name of Month) (Day) (Year)

FATHER
FULL NAME Charley Young
PRESENT POSTOFFICE OF FATHER Anderson
COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE S.C.
OCCUPATION waiter
Number of children born to mother, including present birth 3

MOTHER
(14) NAME BEFORE MARRIAGE Margaret Fisher
(15) PRESENT POSTOFFICE OF MOTHER Anderson
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(20) Number of children of this mother new living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.) 9:00 P. M.
on the date above stated.

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Name added from a supplemental report
101
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is stated) W. A. GRAYTON,
(27) Filed 101 (28) ANDERSON, S.C. Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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