

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 .....

City of .....

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

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

BOY OR GIRL  (4) Twin or Triplet?  (5) Number in order of birth 1 (6) Are Parents Married?  (7) DATE OF BIRTH July 12 25  
(Name of Month) (Day) (Year)

**FATHER**  
(8) FULL NAME Charley Young  
(9) PRESENT POSTOFFICE OF FATHER Anderson  
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 27 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION waiter  
(14) 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 at 9:00 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

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

Name added from a supplemental report  
..... 191 .....

(26) Witness (Signature of Witness necessary only when question 23 is stated) E. A. GRAYTON,  
(27) Filed 191 (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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