

No. 1.

(1) PLACE OF BIRTH

County of GeorgetownTownship of 7

Inc. Town of

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 Dorothy Young

(3) SEX OF CHILD Girl (4) Type or Token To be reported only in event of Twin or Triplet (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 18 1920 (Month of Month) (Day) (Year)

FATHER.		MOTHER.	
(14) FULL NAME <u>John Young</u>	(14) NAME BEFORE MARRIAGE <u>Maria</u>	(15) PRESENT POST OFFICE OF FATHER <u>Waverly Mills S.C.</u>	(15) PRESENT POST OFFICE OF MOTHER <u>Waverly Mills S.C.</u>
(16) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(18) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Fisherman</u>	(19) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>12</u>	(21) Number of children of this mother now living, including present birth <u>11</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A. M., on the date above stated. (Born stillborn or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charlotte Young

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Waverly Mills, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mother)

(27) Filed June 20 1920 (28) Dorothy Young 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.