

(1) PLACE OF BIRTH

County of Lancaster

Township of .....

or  
Inc. Town of .....City of Lancaster

(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

15560

Registration District No. 29Registered No. 58

(For use of Local Registrar)

St. Ward(2) Full Name of Child Frank Young { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin Yes (5) Number in order of birth 2 (6) Are Parents Married? No (7) DATE BIRTH May 11 1922  
(To be answered only in event of Twin or Triplets)

## FATHER.

(3) FULL NAME No name

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth { 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Young(15) PRESENT POSTOFFICE OF MOTHER Lancaster SC(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth { 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alone at 9 P M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John M. Deaton

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

Given name added from a supplemental report

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

(27) Filed May 15 1922 (28) W. M. Deaton 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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