

Form No 1.

(1) PLACE OF BIRTH

County of HarmonTownship of Wardor
Inc. Town of

City of

(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

49441

Registration District No. 2407 Registered No. 38

(For use of Local Registrar)

(2) Full Name of Child Angela C. 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

(Indicate position only in case of Twin or Triplet)

(6) Are Parents Married? yes(7) DATE OF BIRTH Feb. 20th

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Young(9) PRESENT POSTOFFICE OF FATHER Wardville S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 35

(Years)

(12) BIRTHPLACE Hampton Co. S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Breaner Edward(15) PRESENT POSTOFFICE OF MOTHER Wardville S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 27

(Years)

(18) BIRTHPLACE Hampton Co. S.C.(19) OCCUPATION Farming(20) 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 Alive, at 7:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lillie J. J. J.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Wardville S.C.

Given name added from a supplemental report

..... 1st

..... Registrar

(26) Witness L. J. J.

(Signature of witness necessary only when question 22 is signed by mark)

(27) Filed Feb. 20th (28) F. H. Rogers

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.

THIS IS A PERMANENT RECORD. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. Mother of Columbia.