

Form No. 1

## (1) PLACE OF BIRTH

County of AndersonTownship of HallInc. Town of orCity of or

(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. 58536 For State Registrar OnlyRegistration District No. 306 Registered No. 68

(For use of Local Registrar)

(2) Full Name of Child J. Young

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH April 18, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Andrew Young(9) PRESENT POSTOFFICE OF FATHER La S. C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 29

(Years)

(12) BIRTHPLACE S. Carolina(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Mar Simpson(15) PRESENT POSTOFFICE OF MOTHER La(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 27

(Years)

(18) BIRTHPLACE S. Carolina(19) OCCUPATION Housewife(21) 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 Allye at 3-0 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. J. L. Decker(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife J. L. Decker

Given name added from a supplemental report

not 10 1916ClonallSupp Registrar(26) Witness Mrs. S. M. M.

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

(27) Filed May 17, 1916(28) S. M. McAdams(29) 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.

WHILE PLAINLY, WHEN ENCLOSING THIS IS A SIGNIFICANT RECORD.  
N. B.—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.  
McGraw, of Columbia.