

STATE OF SOUTH CAROLINA

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Register Only

3842

County of Florence.....

Township of Cartersville, S.C.

or
In Town of Cartersville

or
City of

(No.) (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Albert Sidney Young, Jr.

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

(3) SEX OR
GENDER

(4) Twin
or Triplet?

(5) Number in
order of birth

(6) Are Y (9)
Parents
Married?

(7) DATE OF
BIRTH Feb 13 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Robert Linney Young

(9) PRESENT
POSTOFFICE
OF FATHER Cartersville

(10) COLOR
OR
RACE W

(11) AGE AT LAST
BIRTHDAY 44
(Years)

(12) BIRTHPLACE Florence Co., S.C.

(13) OCCUPATION Farmer

(14) Number of children born to
mother, including present birth

Five

MOTHER.

(14) NAME BEFORE
MARRIAGE Rebecca Hodge

(15) PRESENT
POSTOFFICE
OF MOTHER Cartersville

(16) COLOR
OR
RACE W

(17) AGE AT LAST
BIRTHDAY 28
(Years)

(18) BIRTHPLACE Florence Co., S.C.

(19) OCCUPATION Housewife

(20) Number of children of this mother
now living, including present birth

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive (Hour A. M. or P. M.)
on the date above stated.

(22) (Signature) [Signature]

(23) State whether Physician or Midwife, and address of Physician or Midwife
Physician, Cartersville, S.C.

When name added from a supplemental
report

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

Feb 22 1923

(24) [Signature]
Local Registrar

When there was no attendance
at a child's birth even once

When the father, householder, etc., should make this return. If
no return is made of stillbirths before the
next census

When there was no
at a child's birth