

Form No. 1

## (1) PLACE OF BIRTH

County of AikenTownship of Asheboro

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

12617

Registration District No. 209 Registered No. 16  
(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 Cathel young

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 13, 1926</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Lenward young(9) PRESENT POSTOFFICE OF FATHER Perry S.C. R.F.D.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23  
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Iola Poole(15) PRESENT POSTOFFICE OF MOTHER Perry S.C. R.F.D.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24  
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(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 alive at 7:15 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charity X. Lyles(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Perry S.C.

(Given name added from a supplemental report)

(26) Witness Chas. H. Sallee

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

(27) Filed 5/16 19 26 (28) Chas. H. Sallee  
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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc. A question 1

BUREAU OF COMMERCE, COLUMBIA, S. C.