

(1) PLACE OF BIRTH

County of CharlestonTownship of 11or
Inc. Town of 11or
City of Charleston S.C.(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 9A Registered No. 1143

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

80545

(2) Full Name of Child

Jack Young(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
BIRTHOct. 18(Name of Month) (Day) 1916
(Year)(8) FULL
NAMEFrank Young(9) PRESENT
POSTOFFICE
OF FATHERCharleston(10) COLOR
OR
RACE White(11) AGE AT LAST
BIRTHDAY 33
(Years)

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

Chauffeur(20) Number of children born to
mother, including present birth3(14) NAME BEFORE
MARRIAGE

MOTHER.

Ruby Gilbert(15) PRESENT
POSTOFFICE
OF MOTHERCharleston S.C.(16) COLOR
OR
RACE White(17) AGE AT LAST
BIRTHDAY 30
(Years)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

at home(21) Number of children of this mother
now living, including present birth3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10:00 PM on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Ardeane W. Wessette

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife 27 Boughton StGiven name added from a supplement-
tal report1916

Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 10/24 1916 (28) James H. D.
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.

fifth month of pregnancy.