

(1) PLACE OF BIRTH

County of HamptonTownship of Salisburyor
Inc. Town ofor
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

90277

Registration District No. 2401 Registered No. 99

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL?	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 19 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) **FULL NAME** L. Young

(9) **PRESENT POSTOFFICE OF FATHER** Furman S. E.

(10) **COLOR OR RACE** Colored (11) **AGE AT LAST BIRTHDAY** 59 (Years)

(12) **BIRTHPLACE** Hampton Co

(13) **OCCUPATION** Farmer + Preacher

(20) **Number of children born to mother, including present birth** One

MOTHER.

(14) **NAME BEFORE MARRIAGE** Pleasant Graham

(15) **PRESENT POSTOFFICE OF MOTHER** Furman S. E.

(16) **COLOR OR RACE** Colored (17) **AGE AT LAST BIRTHDAY** 34 (Years)

(18) **BIRTHPLACE** Savannah Ga

(19) **OCCUPATION** Housewife

(21) **Number of children of this mother now living, including present birth** One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:30 P. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Rachel King(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Furman S. E.

Given name added from a supplemental report

(26) **Witness** (Signature of Witness necessary only when question 23 is signed by mark) W. C. Clegg(27) **Filed** Aug 31 1916 (28) **Local Registrar** W. C. Clegg

*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.