

(1) PLACE OF BIRTH

County of Hampton
Township of Salston
or
Inc. Town of
or
City of

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)
(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

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

FATHER.
(8) FULL NAME L. Young
(9) PRESENT POSTOFFICE OF FATHER Furman S. C.
(10) COLOR OR RACE Colo (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 Pleant Grehan
(15) PRESENT POSTOFFICE OF MOTHER Furman S. C.
(16) COLOR OR RACE Colo (17) AGE AT LAST BIRTHDAY 34
(Years)
(18) BIRTHPLACE Savannah Ga
(19) OCCUPATION House Wife
(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. (Born alive or stillborn) (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. C.

Given name added from a supplemental report

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

(27) Filed Aug 31 1916 (28) W. T. Clegg 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.