

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Register Only

18964

County of Charleston

Municipality of

or

Town of

or

City of Charleston

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

Registration District 10Registered No. 821

(For use of Registrar)

(No. Room Hospital St. State Ward)Full Name of Child Mary Young

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

BOY OR GIRL girl

(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 BIRTH June 18

(Month of Month) (Day) (Year)

FATHER

FULL NAME James YoungPRESENT POSTOFFICE OF FATHER 39 Lucas StCOLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 22

(Years)

BIRTHPLACE Hampton S.COCCUPATION Laborer(8) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Georgiana Carter(15) PRESENT POSTOFFICE OF MOTHER 39 Lucas St(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 20

(Years)

(18) BIRTHPLACE Charleston S.C(19) OCCUPATION Domestic(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 as 1-09 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) J. P. Rice, M.D. (Physician)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1-10-1911(28) Registrar J. P. Rice

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.