

(1) PLACE OF BIRTH

County of Barnwell
 Township of Wickliff
 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

17628

Registration District No. 513 Registered No. 37
 (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 Thomas Young If child is not yet named, make supplemental report as directed

3 SEX OR GIRL? Boy 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married? yes 7 DATE OF BIRTH Jan 29 22
 (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Arthur Young
 9 PRESENT POSTOFFICE OF FATHER Dead

10 COLOR OR RACE Weyn 11 AGE AT LAST BIRTHDAY 38
 (Years)
 12 BIRTHPLACE SC

13 OCCUPATION Farm Hand

14 Number of children born to mother, including present birth 4

MOTHER.

14 NAME BEFORE MARRIAGE Frankieena Mason
 15 PRESENT POSTOFFICE OF MOTHER Wickliff SC

16 COLOR OR RACE Weyn 17 AGE AT LAST BIRTHDAY 26
 (Years)
 18 BIRTHPLACE SC

19 OCCUPATION Wife and Field Hand

20 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Arthur Young
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wickliff SC

Given name added from a supplemental report

(26) Witness J. W. Johnson
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 9 22 (28) J. W. Johnson
 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.