

County of Charleston

or
Inc. Town of

OF *Charleston*

If birth occurs in a hospital

(2) Full Name of Child

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

Registration District No. 9. A.

(No. 32 Dougherty)

File No.—For State Registrar Only

~~25073~~

1135

Registered No. 1153
(For use of Local Registrar)

..St.; Ward)

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

BOY OR
GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) **Are Parents Married?**

(7) DATE OF

BIRTH Aug. 5, 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

1. FULL NAME *Isaac S. Young*

(14) NAME BEFORE MARRIAGE *Louise L. Grant*

PRESENT
POSTOFFICE
OF FATHER

Charleston, S.C.

(15) PRESENT POSTOFFICE OF MOTHER *Charleston, S.C.*

10. COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY.....*34*.....
(Years)

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 21
(Years)

12) BIRTHPLACE. *Charleston S.C.*

(18) BIRTHPLACE Charleston, S.C.

7) OCCUPATION
Cook

(19) OCCUPATION
Housewife

2) Number of children born to mother, including present birth Three (3)

(21) Number of children of this mother now living, including present birth Three (3)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(2) I hereby certify that I attended the birth of this child, who was Tom Allen at 10:30 M. on the date above stated. 11 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(23) (Signature)
(24) State whether Physician or Midwife

(23) Address of Physician or Midwife

85 Morris St., Charleston

Given name added from a supplemental report

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

(27) Filed ... 8/11 ... 19... (28) ... Local Registrar.

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.