

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or Inc. Town of

or City of

CERTIFICATE OF BIRTH

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

Registration District No. 3609

File No.—For State Registrar Only

18723

Registered No. 77
(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

James Young Jr.

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

2 SEX OR GEAR

Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Are both parents married

Yes

(7) DATE OF BIRTH

June 9, 1923

FATHER

3 FULL NAME

James Young

4 PRESENT POSTOFFICE OF FATHER

Holly Hill S.C.

10 COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

23 (Years)

15 BIRTHPLACE

S.C.

15 OCCUPATION

Farm Hand

MOTHER

(14) NAME BEFORE MARRIAGE

Lora Lee Dennis

(16) PRESENT POSTOFFICE OF MOTHER

Holly Hill S.C.

(18) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

18 (Years)

(19) BIRTHPLACE

S.C.

(20) OCCUPATION

Farm Hand

21 Number of children born to mother, including present birth

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P. M., on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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 22 is signed by mark)

(27) Filed

July 7, 1923

(28) 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.