

(1) PLACE OF BIRTH

County of Spartanburg

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

30216

Registration District No. 4003 Registered No. 78
(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 Walter Young If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 23
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>James Young</u>	(14) NAME BEFORE MARRIAGE <u>William Young</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Greenville, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville, S.C.</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>43</u>	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>25</u>
(12) BIRTHPLACE <u>Underwood Co.</u>	(18) BIRTHPLACE <u>Spartanburg Co.</u>	(19) OCCUPATION <u>Domestic</u>	(20) Number of children of this mother now living, including present birth <u>2</u>
(21) OCCUPATION <u>Farmer</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P. M.,
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Hattie Poole (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville, 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 Oct 6 1923 (28) C. D. Young 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.