(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
54

County of Aiken
Township of Gregg
or
Inc. Town of Graniteville Registration District No. 2-B Registered No. 7
(For use of Local Registrar)
or
City of ..... (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 Edith Lillian Youngblood If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
girl	—	—	Yes	Jan 6 1923 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER		MOTHER	
(8) FULL NAME	Roy Hamp Youngblood	(14) NAME BEFORE MARRIAGE	Lillian Lucy Hays
(9) PRESENT POSTOFFICE OF FATHER	Graniteville S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Graniteville S.C.
(10) COLOR OR RACE	white	(16) COLOR OR RACE	white
(11) AGE AT LAST BIRTHDAY (Years)	21	(17) AGE AT LAST BIRTHDAY (Years)	18
(12) BIRTHPLACE	Georgia	(18) BIRTHPLACE	Aragon Ga.
(13) OCCUPATION	Textile	(19) OCCUPATION	Housewife
(20) 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) M. R. Turnbull B.S. M.D.
(24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife Graniteville S.C.

Given name added from a supplemental report
.....
..... 19 ....
Registrar

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

(27) Filed Jan 10 1923 (28) M. R. Turnbull B.S. M.D.
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.

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per H. P. Ashhurst

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw of Columbia, Columbia, S. C.