

(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

File No.—For State Registrar Only

26056

Registration District No.

Registered No. 50
(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

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

(3) BOY OR GIRL? Boy	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH June 1, 1922 (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME Edgar Young	(14) NAME BEFORE MARRIAGE Bell Isdall
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(9) PRESENT POSTOFFICE OF FATHER Timmonsville	(15) PRESENT POSTOFFICE OF MOTHER Timmonsville
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(10) COLOR OR RACE Negro	(11) AGE AT LAST BIRTHDAY 32 (Years)	(16) COLOR OR RACE Negro	(17) AGE AT LAST BIRTHDAY 35 (Years)
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(12) BIRTHPLACE SC	(18) BIRTHPLACE SC
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(13) OCCUPATION Farmer	(19) OCCUPATION Housewife
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(20) Number of children born to mother, including present birth 10	(21) Number of children of this mother now living, including present birth 6
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Nancy Danner	(25) Address of Physician or Midwife
(24) State whether Physician or Midwife Midwife	Timmonsville

Given name added from a supplemental report

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

(27) Filed June 5, 1922 (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.