

WRITE MAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 If more than one child at a birth, a SEPARATE RETURN must be made for each, and number of each, in order of birth, stated.  
 (See instructions on Back of Certificate).

15 045612

## 1. PLACE OF BIRTH

County of Abbeville

Township of \_\_\_\_\_

or

Inc. Town of \_\_\_\_\_

or

City of Abbeville

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

FILE No.—For State Registrar Only

00001

Registration District No. 1-a

Registered No. \_\_\_\_\_

(For use of Local Registrar)

Ward \_\_\_\_\_

2. FULL NAME OF CHILD Watson Young

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

3. Boy ☒ Girl ☐If Plural births ☐

4. Twins, triplets or other \_\_\_\_\_

6. Premature \_\_\_\_\_

7. Are Parents \_\_\_\_\_

8. Date of birth Sept 27, 1910

(Month, day, year)

5. Number, in order of birth \_\_\_\_\_

Full term ☒Married? ☒ Yes ☐ No9. Full name Joseph Young

FATHER

18. Name before marriage OLLIE INWRIGHT

MOTHER

10. Residence (mailing address) Abbeville S.C.

(If non-resident, give place and State)

19. Residence (mailing address) Abbeville S.C.

(If non-resident, give place and State)

11. Color or race Negro12. Age at child's birth 22 (years)20. Color or race Negro21. Age at child's birth 20 (years)13. Birthplace (city or place) Abbeville S.C.

(State or country)

22. Birthplace (city or place) Abbeville S.C.

(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Ford Motor Co Machinist16. Date (month and year last) engaged in this work June 194117. Total time (years) spent in this work 2023. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home25. Date (month and year) last engaged in this work June 194126. Total time (years) spent in this work 27

27. Number of children of this mother

(At time of birth and including this child)

(a) Born alive and now living None (b) Born alive but now dead None (c) Stillborn None

28. If stillborn, \_\_\_\_\_

period of gestation \_\_\_\_\_

months \_\_\_\_\_

weeks \_\_\_\_\_

29. Cause of stillbirth \_\_\_\_\_

Before labor \_\_\_\_\_

During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was Born Alive at \_\_\_\_\_ m. on the date above stated.  
 (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Joseph Young

Parent

or \_\_\_\_\_

Guardian

Given name added from a supplementary report \_\_\_\_\_

(Date of) \_\_\_\_\_

Address 2531 Malone St Abbeville S.C.Filed 7/7/41

19

M. B. Woodward, M.D.

Registrar

Registrar