

Form No 1.

## (1) PLACE OF BIRTH

County of LaurensTownship of Hunter

Inc. Town of

City of Clinton

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

52789

Registration District No. 29 B Registered No. 16  
 (For use of Local Registrar)  
 City of Clinton (No. 000 St. 4 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 Esper Young 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 Jan. 12 1906  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Geo. Young</u>	(14) NAME BEFORE MARRIAGE <u>Leora Workman</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Clinton S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE	(18) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>cook</u>
(20) Number of children born to mother, including present birth	(21) Number of children of this mother now living, including present birth <u>5</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ellen Pitts (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Clinton, S.C.

Given name added from a supplemental report  
 (26) Witness J. L. H. Bailey (Signature of Witness necessary only when question 22 is signed by mark)  
 (27) Filed Jan 11 1906 (28) J. L. H. Bailey 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.

WRITER PLAINLY, WITH INK, ON SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
 M. IN CASE OF TWINS OR TRIPLETS AND A SEPARATE BLANK, NO. 2, ETC., IN QUESTION 8.  
 NEW YORK: COLUMBIA FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 8.