

(1) PLACE OF BIRTH

County of RichlandTownship of Lowry

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
19006Registration District No. 3803 Registered No. 162
(For use of Local Registrar)

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

(2) Full Name of Child Nelson 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 June 4, 23
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Andrew Young
(9) PRESENT POSTOFFICE OF FATHER Dykessland S.C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24
(12) BIRTHPLACE South Carolina
(13) OCCUPATION car mill laborer
(14) Number of children born to mother, including present birth 1 sonMOTHER.
(15) NAME BEFORE MARRIAGE Leticia Williams
(16) PRESENT POSTOFFICE OF MOTHER Dykessland S.C.
(17) COLOR OR RACE negro (18) AGE AT LAST BIRTHDAY 18
(19) BIRTHPLACE South Carolina
(20) OCCUPATION
(21) Number of children of this mother now living, including present birth 2 sons

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 119 M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Charlotte Taylor
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Dykessland S.C.

(Given name added from a supplemental report)

(26) Witness Mr. J. W. Gorman
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 4/19/23 (28) Mr. J. W. Gorman 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.