

(1) PLACE OF BIRTH

County of Richland
Township of Lowry
or
Inc. Town of

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

No. — For State Registrar Only
19008

Registration District No. 3803 Registered No. 162
(For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parent Married Yes (7) DATE OF BIRTH June 4, 23
(Month) (Day) (Year)

FATHER.
(8) FULL NAME Andrew Young
(9) PRESENT POST OFFICE OF FATHER Dyersland S.C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24
(Year)
(12) BIRTHPLACE South Carolina
(13) OCCUPATION mill laborer
(14) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Leticia Williams
(15) PRESENT POST OFFICE OF MOTHER Dyersland S.C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18
(Year)
(18) BIRTHPLACE South Carolina
(19) OCCUPATION
(20) Number of children of this mother now living, including present birth 2

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, A. M. or P. M.)

(23) (Signature) Charlotte Taylor
(24) State, whether Physician or Midwife midwife (25) Address of Physician or Midwife Dyersland S.C.

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

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