

(1) PLACE OF BIRTH

County of StenshawTownship of Driftor
Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

1677

Registration District No. 7701 Registered No. 16

(For use of Local Registrar)

St.; Ward;

2) Full Name of Child,

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

(4) Twin or triplet? <u>Boy</u>	(5) Number in order of birth <u>1</u> <small>To be answered only in case of twins or triplets</small>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 23 22</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

NAME John J. Young

PRESIDENT POSTOFFICE OF FATHER Cossett S.C.

COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Stenshaw

OCCUPATION Farm exp

Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Nettie Elliott

(15) PRESENT POSTOFFICE OF MOTHER Cossett S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE Stenshaw

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Stenshaw on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. G. Burns

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Cossett

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) File No. 1677 (28) W. H. G. Burns 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.