

## (1) PLACE OF BIRTH

County of CharlotteTownship of JeffersonInc. Town of AshevilleCity of Asheville

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

## CERTIFICATE OF BIRTH

STATE OF NORTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

48608

Registration District No. 12-14 Registered No. 6

(For use of Hospital or Institution)

Sex Male Weight 7 1/2 lbs.(2) Full Name of Child Geo. Washington Young { If child is not yet named, make supplemental report as directed.

(1) SEX <u>Male</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>7</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>22</u> <u>21</u> <u>16</u>
FATHER			MOTHER	
(8) FULL NAME <u>William F. Young</u>			(14) NAME BEFORE MARRIAGE <u>Sallie Knight</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Asheville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Asheville</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>39</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>31</u>	
(12) BIRTHPLACE <u>Kershaw County</u>			(18) BIRTHPLACE <u>Charlotte</u>	
(13) OCCUPATION <u>Professor</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth { <u>7</u>			(21) Number of children of this mother now living, including present birth { <u>7</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born (Born alive or dead) (Hour A. M. or P. M.) 12 12 on the date above stated.(23) (Signature) Permittal(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Asheville

When name added from a supplementary report

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

(27) Filed May 10 1916 (28) M. H. Johnson Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.