

WRITE PLAINLY. WITH UNFADING INK.—TWIN IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.  
 McGraw of Columbia.

(1) PLACE OF BIRTH

County of Anderson  
 Township of Hopewell  
 or  
 Inc. Town of .....

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

File No.—For State Registrar Only  
**71289**

Registration District No. 008 Registered No. 25  
 (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. Braxell Young } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 15 1916</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Jim Young  
 (9) PRESENT POSTOFFICE OF FATHER Williamston S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE Lawrence Co - S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth } 5

**MOTHER.**

(14) NAME BEFORE MARRIAGE Ara Garrison  
 (15) PRESENT POSTOFFICE OF MOTHER Williamston - S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)  
 (18) BIRTHPLACE Anderson S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth } 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Julia Ann Beardon  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Williamston

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
Tom Vandiver  
 (27) Filed Sept. 9 1916 (28) Tom Vandiver 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.  
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