

## PLACE OF BIRTH

City of Charleston  
County of .....Town of Charleston  
or of .....

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

Full Name of Child Henrietta Young

## CERTIFICATE OF BIRTH

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

9 A

Registration District No. ....

FILE - IN HIS REGISTER  
35061

Registered No. ....

(If name of Local Registrar)

Ward

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

DATE OF BIRTH Nov 5-23  
(Month of Birth) (Day) (Year)

## FATHER

NAME BEFORE MARRIAGE Joseph Young  
PRESENT RESIDENCE OF FATHER Charleston  
COLOR Col  
RACE Col  
AGE AT LAST BIRTHDAY 23  
(Year)OCCUPATION Wadmalaw Island LaborerNumber of children born to mother, including present birth 4

## MOTHER

NAME BEFORE MARRIAGE Henrietta Young  
PRESENT RESIDENCE OF MOTHER Charleston  
COLOR Col  
RACE Col  
AGE AT LAST BIRTHDAY 23  
(Year)OCCUPATION Wadmalaw Island DomesticNumber of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ...  
on the date above stated.(22) (Signature) Louisa Washington  
(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Boileau Alley

New name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed 11/12 to 23

Registrar

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

1. PLACE OF BIRTH  
County of Charleston  
Township of \_\_\_\_\_  
or  
Inc. Town of \_\_\_\_\_  
or  
City of Charleston  
(If birth occurs in a hospital or other institution, give name of such instead of street and number)

Standard Certificate of Birth  
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
State Board of Health

Registration District No. 9a

FILE No. For State Registrar Only  
35061

Registered No. 1644  
(For use of Local Registrar)

2. FULL NAME OF CHILD

2081 Battery  
Jessie May Fanny

If child is not yet named, enter supplemental report as directed

3. Sex Girl 4. Twin, triplet, or other \_\_\_\_\_ 5. Premature \_\_\_\_\_ 7. Legitimate? Yes 8. Date of birth Nov. 6 1923  
(Month, day, year)

9. Full name of FATHER  
Joseph Fanny

10. Full name of MOTHER  
Henrietta Youngblood

10. Residence (usual place of abode) (If nonresident, give place and State) City

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11. Color or race Col. 12. Age at last birthday 25 (Years)

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13. Birthplace (city or place) (State or country) S.C.

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14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salmon Private

14. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Nurse

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Chapman Private

15. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

18. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

19. If stillborn, period of gestation \_\_\_\_\_ { months weeks } 20. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3a m. on the date above stated (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this report.)

(Signed) James

or James

Address 1 Bottle Allen

Filed 11-12-1923 J. M. Brown

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_