

10/20/43

no corres. U. S. Dept. of Commerce
Bureau of the Census
N. P.

22 049350

Standard Certificate of Birth

FILE No.—For State Registrar Only

01219

1. PLACE OF BIRTH

County of Richland

Township of.....

or

Inc. Town of Lykesland

or

City of.....

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

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

(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

John Henry Youngs, Jr.{ If child is not yet named, make
supplemental report as directed.

3. Boy or Girl

Boy

If Plural

births

4. Twins, triplets or other.....

5. Number, in order of birth.....

6. Premature.....

Full term.....

7. Are Parents

Married? Yes

8. Date of

birth.....

March 121922

(Month, day, year)

9. Full
name

FATHER

John Henry Youngs10. Residence (mailing address)
(If non-resident, give place and State)Lykesland, S.C.18. Name before
marriage

MOTHER

Rachel Myers19. Residence (mailing address)
(If non-resident, give place and State)Lykesland, S.C.

11. Color or race.....

Col.

12. Age at child's birth.....

40

(years)

20. Color or race.....

Col.

21. Age at child's birth.....

38

(years)

13. Birthplace (city or place)
(State or country)South Carolina22. Birthplace (city or place)
(State or country)South Carolina14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc.Domestic15. Industry or business in which
work done, as silk mill,
sawmill, bank, etc.16. Date (month and year) last
engaged in this work1917. Total time (years)
spent in this work.....24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.25. Date (month and year) last
engaged in this work1926. Total time (years)
spent in this work.....27. Number of children of this mother
(At time of birth and including this child)2 (a) Born alive and now living.....

(b) Born alive but now dead.....

(c) Stillborn.....

28. If stillborn,
period of gestation.....months
weeks

29. Cause of stillbirth.....

Before labor.....

During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at.....m. on the date above stated.

{ When there was no attending physician
or midwife, then the father, householder
etc., should make this return.Given name added from
a supplementary report.....

(Date of)

Registrar.

(Signed)....., Parent
or Louise Hopkin GuardianAddress 222 2nd St.Filed Nov. 5, 1943 L. A. Riser, M.D.

Registrar.

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)