

(1) PLACE OF BIRTH

County of FairfieldTownship of 12

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42759

Registration District No. 1911 Registered No. 57

(For use of Local Registrar)

St.;

(2) Full Name of Child Neal Young If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Age Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 14</u>
				(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Frank Young</u>	(14) NAME BEFORE MARRIAGE <u>Sarah Gladney</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Winnsboro</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Winnsboro</u>
(10) COLOR OR RACE <u>Negro</u>	(16) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>22</u>	(17) AGE AT LAST BIRTHDAY <u>17</u>
(12) BIRTHPLACE <u>Fairfield</u>	(18) BIRTHPLACE <u>Fairfield</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House Wife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary(24) State whether Physician or Midwife (25) Address of Physician or Midwife Winnsboro

Given name added from a supplemental report

(26) Witness Frank Young (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 15 (28) W. R. Givens Local Registrar

When there was no attending physician or midwife, then the father, grandfather, etc., should make and return a report as directed. 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.

SEARCHED INDEXED SERIALIZED FILED
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 R. H.—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 5.
 M. C. W. of Columbia