

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS 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 5.

Form No. 3

(1) PLACE OF BIRTH

County of JUMTER  
Mayesville

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child

Gilbert Flowers Young

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

DATE OF BIRTH

Sept 28, 1922

(Name of Month) (Day) (Year)

(7) FATHER

(8) FULL NAME

Gilbert Flowers Young

(9) PRESENT POSTOFFICE OF FATHER

3 Hawthorn St. S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

23

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Prim. Graded School

(20) Number of children born to mother, including present birth

1

(14) NAME BEFORE MARRIAGE

Mattie Lee Flowers

(15) PRESENT POSTOFFICE OF MOTHER

Mayesville S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

22

(Years)

(18) BIRTHPLACE

Lee Co.

(19) OCCUPATION

House wife

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) N. M. Bradley

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Mayesville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 28, 1922

(28) Local Registrar

C. W. Cooper

\*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.