

Form No. 1.

(1) PLACE OF BIRTH

County of Beaufort

Township of Yemassee

or  
Inc. Town of

City of

(No. .... St.; .... Ward)  
(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

58813

Registration District No. 605 Registered No. 9  
(For use of Local Registrar)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 13 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Young

(9) PRESENT POSTOFFICE OF FATHER Beaufort

(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Beaufort

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Ann

(15) PRESENT POSTOFFICE OF MOTHER Beaufort

(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Beaufort

(19) OCCUPATION —

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at Beaufort on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 11:30 A.

(23) (Signature) E. L. B. Moore

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician at Beaufort, 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 Jan 13 1916 (28) E. L. B. Moore 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.

MARGIN RESERVED FOR BINDING.

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
M. 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.

State of Columbia