

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Spitz</u>		STATE OF SOUTH CAROLINA		20095	
Township of		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>40-A</u>		Registered No. <u>287</u>	
or		(No. <u>406 S Liberty</u>)		(For use of Local Registrar)	
City of <u>!!</u>		Ward			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Charles Raymond Young</u>					
(3) BOY OR GIRL? <u>Boy</u>		(4) Twin or Triplet? <u>No</u>		(5) Number in order of birth <u>1</u>	
(6) Are Parents Married? <u>Yes</u>		(7) DATE OF BIRTH <u>6 23 22</u>		(8) (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(9) FULL NAME <u>Perry Young</u>			(14) NAME BEFORE MARRIAGE <u>Cornelia Allen</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>City</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>City</u>		
(11) COLOR OR RACE <u>C</u>			(16) COLOR OR RACE <u>C</u>		
(12) BIRTHPLACE <u>S.C.</u>			(17) AGE AT LAST BIRTHDAY <u>35</u>		
(13) OCCUPATION <u>Brick Mason</u>			(18) BIRTHPLACE <u>S.C.</u>		
(19) OCCUPATION <u>Housewife</u>			(20) Number of children of this mother now living, including present birth <u>4</u>		
(21) Number of children of this mother now living, including present birth <u>4</u>					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Joe W. Allen</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>City</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
.....			(27) Filed <u>7-1-22</u> <u>Joe Copes</u> Local Registrar		
..... 19					
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.