

(1) PLACE OF BIRTH

County of Union

Township of

or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Registrar Only

30413

Registration District No. 42 ARegistered No. 137
(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 James Arthur Young If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1st (6) Parents Married Yes (7) DATE OF BIRTH 9-7-23
(Name of Month) (Day) (Year)
To be answered only in event of Twin or Triplet

FATHER.

(8) FULL NAME Henry Young(9) PRESENT POSTOFFICE OF FATHER Union(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 5-2
(Years)(12) BIRTHPLACE Union, Co.(13) OCCUPATION Labor(14) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Gossett(15) PRESENT POSTOFFICE OF MOTHER Union(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 37
(Years)(18) BIRTHPLACE Union(19) OCCUPATION House work(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.(23) (Signature) Amanda McBeth (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 22 H. inlet St

Given name added from a supplemental report

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

(27) Filed 10-10-23 (28) J. S. Darratt 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.