

Form No. 1

(1) PLACE OF BIRTH

County of LEXINGTONTownship of BULL SWAMP

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

29134

Registration District No. 8102 Registered No.

(For use of Local Registrar)

(2) Full Name of Child Howard Branson Young child is not yet named, make supplemental report as directed(3) SEX Boy (4) Twin or Triplet ✓ (5) Number in order of birth 1 (6) Age Yr (7) DATE OF BIRTH July 20 23

FATHER.

(8) FULL NAME Harmon C. Young(9) PRESENT POSTOFFICE OF FATHER Pelham(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38(12) BIRTHPLACE Lexington Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Ruster(15) PRESENT POSTOFFICE OF MOTHER Pelham(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29(18) BIRTHPLACE Lexington Co(19) OCCUPATION Housewife(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 alive at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. B. Edwards (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife My Father's office

Given name added from supplemental report

M. B. W.3/26/42

Registrar

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

(27) File No. 11 23 (28) J. B. Edwards

*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.