

DEPARTMENT OF HEALTH

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. for this infant

14816

City of North Charleston
County of Charleston

Town of North Charleston

Registration District No. 2702

Registered No. 38
(For use of Local Health Officer)

St. St. James Ward 1
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Anna Hilda Young
If child is not yet named, make supplemental report as directed

BOY OR GIRL Girl (4) Twin or triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 13 1943
(Name of Month) (Day) (Year)

FATHER'S FULL NAME Ed Young

PRESENT POSTOFFICE OF FATHER North Charleston

COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE North Charleston

OCCUPATION Housewife

Number of children born to mother, including present birth 3

(14) NAME BEFORE MARRIAGE Wm. C. Young

(15) PRESENT POSTOFFICE OF MOTHER North Charleston

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE North Charleston

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 5 (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) D. E. Brown

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife North Charleston

Sex name added from a supplemental report

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

(27) Filed 4/10 1943 (28) D. E. Brown 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.

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