

(1) PLACE OF BIRTH

County of McCormick
 Township of Indian Hill

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

35481

Inc. Town of Registration District No. 4543 Registered No.
 or
 City of (No. St. Ward) (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Sarah Ellen 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 Oct 7 22
 (Name of Month) (Day) (Year)

FATHER

8) FULL NAME Thomas C. Senior Young

9) PRESENT POSTOFFICE OF FATHER Long, S.C.

10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)

12) BIRTHPLACE S.C.

13) OCCUPATION Farmer

14) Number of children born to mother, including present birth Three

MOTHER

(14) NAME BEFORE MARRIAGE Martha Ellen Wiley

(15) PRESENT POSTOFFICE OF MOTHER Long, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Benjamin Glenister

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

Physician Long, S.C.

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct. 12, 1922 (28) Sam L. Long 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.

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