

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.

Form No. 1

(1) PLACE OF BIRTH

County of Newberry
Township of #8
OR
Inc. Town of
OR
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
43838

Registration District No. 3406 Registered No. 47
(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 Robert Young If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in case of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 14, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur Young
(9) PRESENT POSTOFFICE OF FATHER Newberry RFD
(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 48 (Years)
(12) BIRTHPLACE South Carolina
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Malinda
(15) PRESENT POSTOFFICE OF MOTHER Newberry RFD
(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE South Carolina
(19) OCCUPATION Farm help
(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 born alive at 2 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Maggie Williams
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Newberry R4

Given name added from a supplemental report

off 1/26/44
Registrar

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

(27) Filed Jan 10, 1923 (28) H L Bonlowe
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.