

## (1) PLACE OF BIRTH

County of UnionTownship of Cross KeysInc. Town of St. J.City of St. J. (No. .... St.; .... Ward)  
(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

74997

Registration District No. 4204 Registered No. 39

(For use of Local Registrar)

(2) Full Name of Child Thomas Young If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 27</u>
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)	

**FATHER.**

(8) FULL NAME Jim Young

(9) PRESENT POSTOFFICE OF FATHER Sedalia Mo

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 41 (Years)

(12) BIRTHPLACE Union Mo

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 12 }

**MOTHER.**

(14) NAME BEFORE MARRIAGE Selia Johnson

(15) PRESENT POSTOFFICE OF MOTHER Sedalia Mo

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Union Mo

(19) OCCUPATION Former wife

(21) Number of children of this mother now living, including present birth { 12 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 4:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. G. T. Mosley

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

Physician Cross Keys Mo

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed ..... 191..... (28) Dr. Mosley 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.

MARGIN RESERVED FOR BINDING.

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.

McCaw, of Columbia.