

File No.—For State Registrar Only  
74997

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of *Williams*

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

Township of *Cross Keys*

State Board of Health

Inc. Town of *J.C.*

Registration District No. *4204* Registered No. *39*  
(For use of Local Registrar)

City of ..... (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 *Thomas Young* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Aug 27 1918*  
(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. Massey*

(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 Massey* 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.  
McCay, of Columbia.