

1) PLACE OF BIRTH

County of Spokane
 Township of Campbell
 or
 Loc. Town of _____
 or
 City of _____
 (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
74737

Registration District No. 4001-a Registered No. 59
 (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 Mathie LeKelna Young If child is not yet named, make supplemental report as directed

BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 11 1916
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 FULL NAME John Harold Young
 PRESENT POSTOFFICE OF FATHER Campbell
 COLOR OR RACE white (10) AGE AT LAST BIRTHDAY 26 (Years)
 BIRTHPLACE Slitches NC
 OCCUPATION farmer

MOTHER.
 (14) NAME BEFORE MARRIAGE Corried Union
 (15) PRESENT POSTOFFICE OF MOTHER Campbell
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE Greenville S.C.
 (19) OCCUPATION Domestic

(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 at 6:00 PM (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) C. L. Young
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Campbell

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 Aug 12 191... (28) C. L. Young Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

fifth month of pregnancy.