

MARGIN RESERVED FOR INDEXING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

No. 2.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">969</div>	
County of <u>Washington</u>		Township of <u>4</u>		<div style="float: right;"> Registration District No. <u>1-3-2</u> Registered No. <u>3</u> (For use of Local Registrar) </div>	
Inc. Town of _____ or _____ City of _____		(No. _____) St. _____ Ward _____ (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<div style="border: 1px solid black; padding: 2px;"> Only </div>	
(2) Full Name of Child <u>Annies Young</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>-</u> <small>(ake account only in case of Twins or Triplets)</small>	(5) Number in order of birth _____	(6) Age of Parents <u>yes</u> Married	(7) DATE OF BIRTH <u>Jan. 3 1912</u> <small>(Name of Month) (Day) (Year)</small>	<div style="border: 1px solid black; padding: 2px;"> (Card) </div>
FATHER.			MOTHER.		
(8) FULL NAME <u>Andrew Young Jr</u>			(14) NAME BEFORE MARRIAGE <u>Edna Truels</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Washington R-</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Washington R-</u>		
(10) COLOR OR RACE <u>Col -</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)		(16) COLOR OR RACE <u>Col -</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(12) BIRTHPLACE <u>S. C.</u>			(18) BIRTHPLACE <u>S. C.</u>		
(13) OCCUPATION <u>works on farm</u>			(19) OCCUPATION <u>at-home</u>		
(20) Number of children born to mother, including present birth { <u>1</u>			(21) Number of children of this mother now living, including present birth { <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>10 A.</u> M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>T. Young</u>		(25) Address of Physician or Midwife <u>Washington S. C.</u>			
(24) State whether Physician or Midwife <u>midwife</u>					
Given name added from a supplemental report 191 Registrar		(26) Witness (Signature of Witness necessary only when question 23 is signed by me) <u>E. D. Early</u> (27) Filed <u>Feb. 1912</u> (28) 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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M.
P. M.)
 wife
 return.