

MARGIN RESERVED FOR INDEXING.

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.

McGraw-Hill, Columbia, B. C.

(1) PLACE OF BIRTH

County of Laurin  
Township of Jacky  
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  
**35239**

Registration District No. 2905 Registered No. 52  
(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 Jessie Lee Young (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1st (6) Sex Female (7) DATE OF BIRTH Oct 14 1922  
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Edgar Mason Young  
(9) PRESENT POSTOFFICE OF FATHER Clinton S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Year)  
(12) BIRTHPLACE Laurin County S.C.  
(13) OCCUPATION farmer  
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Shannon  
(15) PRESENT POSTOFFICE OF MOTHER Clinton S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Year)  
(18) BIRTHPLACE Newberry County S.C.  
(19) OCCUPATION housewife  
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature) Jessie Young  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Clinton S.C.

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Oct 14 1922 (28) D. C. Delapland 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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