

22 050053

1. PLACE OF BIRTH

County of Wade
 Township of Hope
 or
 Inc. Town of Greelyville
 or
 City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4301

FILE No.—For State Registrar Only

1973

Registered No. _____
(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

Earnest Manton Young (If child is not yet named, make supplemental report as directed.)

3. Boy or Girl If Plural births _____ 4. Twins, triplets or other _____ 6. Premature _____ 7. Are Parents _____ 8. Date of birth Feb 21 1940
 5. Number, in order of birth _____ Full term yes Married yes (Month, day, year)

9. Full name **FATHER**
Thomas Manton Young

18. Name before marriage **MOTHER**
Pauline Mayhew

10. Residence (mailing address)
 (If non-resident, give place and State) West Columbia

19. Residence (mailing address)
 (If non-resident, give place and State) West Columbia

11. Color or race white 12. Age at child's birth 24 (years)

20. Color or race white 21. Age at child's birth 29 (years)

13. Birthplace (city or place)
 (State or country) Wadeville S.C.

22. Birthplace (city or place)
 (State or country) Williamburg

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. House wife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year last) engaged in this work continued 19 _____

17. Total time (years) spent in this work all life

25. Date (month and year) last engaged in this work continued 19 _____

26. Total time (years) spent in this work 20 yrs

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn none

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ (Before labor) _____ (During labor) _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was _____ at _____ m. on the date above stated.
 (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Thomas Manton Young

Given name added from _____ a supplementary report _____ (Date of)

or _____, Guardian

Address West Columbia

Filed 7/29/40 19 Marion B. Woodward Registrar C. M. D.

Registrar.

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)