

(1) PLACE OF BIRTH

County of Granwood

Township of Walnut Grove

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

49416

Registration District No. 2314 Registered No. 11
(For use of Local Registrar)

(2) Full Name of Child Leaac Boatman Young If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 11 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Young
(9) PRESENT POSTOFFICE OF FATHER Hodges St
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Donalds St
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Lola Davis
(15) PRESENT POSTOFFICE OF MOTHER Hodges St
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Granwood St
(19) OCCUPATION Housekeeper
(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(25) (Signature) H. M. Hatcher
(24) State whether Physician or Midwife Physician (26) Address of Physician or Midwife Hodges St

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 Feb 25 1916 (28) J. C. Mabry Local Registrar

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
M. 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.
McCaw, of Columbia

*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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